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# DRUG LEGALIZATION—CATASTROPHE FOR BLACK AMERICANS

## HEARING

BEFORE THE

## SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

FRIDAY, SEPTEMBER 16, 1988

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(100th Congress)

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FRIDAY, SEPTEMBER 16, 1988

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
*Washington, DC.*

The select committee met, pursuant to call, at 9:30 a.m. in room H2-224, Cannon House Office Building, Hon. Charles B. Rangel (chairman of the select committee) presiding.

Members present: Representatives Rangel and Gilman.

Staff present: Edward H. Jurith, staff director; Elliott A. Brown, minority staff director; James Alexander, professional staff; Richard Baum, minority professional staff; Steve Weigler, minority professional staff; Michael J. Kelley, staff counsel; Barbara A. Stolz, professional staff; and Robert Weiner, press officer.

Chairman RANGEL. Let me thank all of you for your patience this morning, especially the distinguished people who have agreed to share their expertise and their views with us during this the Congressional Black Caucus Legislative Weekend.

We consider this a family. Even though we have mayors and prosecutors and great community leaders, it's still an atmosphere of family. We want to improve each other's way of thinking and sharing in a very unofficial way, even though we're in a very official forum. We're not here to establish a record or to make news.

By the same token, those who are interested in the question of legalization should know that the Select Committee on Narcotics Abuse and Control will have a formal hearing on September 29 here on Capitol Hill where we would expect that those individuals who believe that we should explore the possibility of legalizing drugs, or that we should debate the question of legalizing drugs, would not restrict their concerns to talk shows or the sale of books or college lectures, but would come here with concrete ideas as to how this can assist America in dealing with this very serious problem.

There are many who find it so easy to say that we are losing the war against drugs, so therefore the question of legalizing drugs should be what they call an alternative. I ask those people who find it so easy to discuss this easy way out, would they share with me where this war is taking place? Who are the generals in charge of the war? Can they name the coordinator of this great war against drugs?

I think all of us, if we truly believe that it is a threat to our national security, would have to be at least as interested as the Amer-

ican people, as they've indicated their outrage that leadership has not come from the Federal Government on this issue. I try to ask in nonpartisan fashion, if we had a war, could you tell me who would be the chief of staff of our war efforts?

Some people, with a very straight face, tell me that that person would be Ed Meese. Others have suggested to me that the Vice President of the United States is in charge of protecting our borders against the flow of drugs. A lot of people would suggest that it was the First Lady who really is the leader in this effort, and I concur that when it comes to focusing attention, and getting the right slogans out there, nobody has exceeded the First Lady in doing that.

But, as a politician and as a legislator and as someone that is concerned about protecting this great republic, I would ask, if indeed it's a war, do we manufacture this element that is destroying our youth, our families, and our community? And my fellow panelists, the answer is, we don't grow coca leaves. We don't grow opium.

So, one might suspect that if we find out that Mexico, Central America, South America, Thailand, Burma, that these countries are involved in producing the product, that somebody in charge would say,

> Let's see what our foreign policy is and what we are doing with these countries, how we can help them to eradicate, how we can make certain that we have sanctions against those that ignore their international and bilateral agreements with the United States.

Who would be the person to implement that policy? I would think that Civics 101 might say the Secretary of State. I challenge the media and the American people to tell me when they've ever heard the Secretary of State make any comments about this great threat to our national security. Terrorism, communism, the Middle East, Palestine, always there, always eloquent, always protecting us well, but never, never, never on the question of drugs. And they would explain that they really don't have to do it, because there's an Assistant Secretary of State who was recommended by Nancy Reagan from her press corps to handle this. Her name is Ann Wrobleski.

Some people say that if you have to have a war against drugs, you have to really be tough on the dealers. Investigate, arrest, put them in jail. I would agree. Ladies and gentlemen, no one denies that the Drug Enforcement Administration is our lead agency in the investigation, the arrest, and the support of the prosecutions. If they're the lead Federal agency, one might ask, "How many troops do you have in this assault and this war?" The answer we say, sheepishly, is "We have 2,800 men and women covering the United States and the world in fighting this war against drugs." We have 35,000 New York City policemen protecting New York City and 1,700 Capitol policemen just protecting Members of Congress against their constituents.

So, I don't know how, with 2,800 men and women, we expect to say this is the assault team. But, if what they're saying, is "Don't worry about that, because the major battle has to be fought by local and State policemen," then you know as mayors and police chiefs that they've fought the Congress' attempt to support the

effort of the people on the front lines through enhanced law enforcement, whether in the courts, whether in the prosecutor's office, or whether they are the police.

Some might say, "Well, we have to concentrate on interdiction, protecting our borders." And I hope no one embarrasses the Vice President and asks what's he done in that area, but since Senator Dan Quayle didn't know that he was doing anything in that area, I guess it's safe to say neither did I. But, I don't want to get involved in that. So much for the borders.

You might think that the Defense Secretary would say, "If it's coming across our borders, violating our security, count me in the fight." But, they say that their technology only deals with high flying missiles, that the drugs come in at too low a level. I hope the Soviets never find that out.

In terms of education, Secretary Bennett says, "Kick them out of school, zero tolerance." I said to him, "Mr. Secretary, I have no problem with that, but where do we kick them?" We don't have one Federal rehabilitation program in any congressional district in the United States of America or its territorial possessions. What a shame to talk about arresting the abuser, zero tolerance, kick them out of school, cut off Federal benefits, and then have no place really to say that they can go when they just want to say, "No to drugs."

The truth of the matter is we've never had one member of the Cabinet providing the leadership for the rest to follow, and then people say that we're losing the war and we should think about legalizing. Well, I say that when we have our hearings, I hope that those that advocate the debate, those that advocate the discussion, bring more to the table than just saying "Let's debate it." The problem that this Member of Congress has had is that no one wants to debate it. They say, "We don't support legalization. We just say we should discuss legalization."

I say, discuss it with whom? Who do you want to give it to? What drugs are you talking about? How much do you want to distribute? Do you go to the point that the victim or the patient says that they've had enough? How do you provide for the patient going into the illicit market and getting what else they need? Where will the distribution centers be?

Will it just be for the affluent who can afford to buy it? Will there be advertisements in the baseball parks and the tennis courts? Will drug marketers compete against each other? Will physicians get free drugs in order to advocate a preference to their patients? Are the poor going to be left out of the opportunity to get a high because they have no money?

Should the Federal Government subsidize it? Does it really become a Medicare program? Are we going to leave out our agent? Is it included in Medicare? How about national health insurance? Do we really include that really in benefits from withdrawal?

And our poor children, will not more drugs be made available? Will more kids be born addicted to drugs because their parents had access to drugs? And if, indeed, we have an experience from legal drugs, the abuse of legal drugs, the diversion of legal drugs, if people now think in terms of reducing pain and suffering through chemicals, aren't we sending a message that it's there?

What happens to the bilateral agreements we have with countries that say "We don't want you growing and distributing drugs"? And the American farmer, should he be precluded from growing coca leaves and opium if the market is there for him to substitute his tobacco leaves and other crops? And if he can grow it, can he process it?

And those people who say, "Take the profits out. Take the profits out for the bums in the street." Are the pharmaceuticals going to manufacture it and give it away? Of course profits are going to be there. Competition is going to be there. Do you control how much money they're supposed to make? Who's going to be the sole buyer? Do you cut out local governments and State governments? Do you want to control your own rehab centers, your own distribution centers?

I'm saying that maybe these questions don't make a lot of sense, but if you want to talk about legalization, at least come to the table and say, "This is my plan and I want you to consider it," not, "This is my dialog and I'd like to be on television to talk about it."

In any event, it's destroying the black community. It's threatening the security of our Nation. Those of you who are mayors, and I think anyone else can interrupt at any time, you are faced with so many problems that the poor have; the erosion of the tax base, dilapidated housing in the older cities, the need to anchor businesses in those areas to expand the tax base, the need to expand educational opportunities so that you have a labor market that can attract better business, seeing the increase in the dropouts, seeing a poor constituency that can work in the hospitals but cannot afford really to get care in those same hospitals, relying really on Medicare and Medicaid as the basis for health care, and seeing a growing number of homeless people and unskilled people and jobless people and hopeless people, and of course seeing the crime that has substituted the serenity of life in our great country.

You have all of these problems, and in the last 8 years this administration has clearly told you that those are your problems, not national problems. "We've reduced the Federal taxes, and you have to increase taxes and paddle your own canoe." And that's true whether we're talking about drugs or law enforcement.

So, you have a big battle, but also you are movers and shakers as to where our Nation goes. And for you to take time out to share with our brothers and sisters who've come to support the 23 members in the Congressional Black Caucus in our quest for a broader agenda, I can't tell you how proud I am for the struggle, the leadership that all of you are providing. It is important for our young people to know that things can be done.

I would like to first yield to Mayor Wilson Goode of Philadelphia. There has not been a time that I've had a time to meet with the Conference of Mayors that the voices of Mayor Goode and Mr. James have not been heard. The Omnibus 1986 Drug bill that was passed over the overwhelming objections of the administration, I have to say was due to the leadership of the Conference of Mayors. It was you, fanning out and reaching the Congress and alerting us that this was very important to the Nation or to our constituents who lived in your city, who made the difference.

We now have another bill up, and we can feel the strength of your leadership and the overwhelming support that we're getting from Members of Congress in passing the bill.

I might say that you might want to tone down some of that support, because they are now killing people with the death penalty. They're now raping our Constitution. They're now attacking the people who are suffering by taking away Federal benefits. And maybe you've done your job a little too well. So, you can tell your troops to slow down, that all you want is a little help and we can keep our Constitution intact by doing it your way.

The Honorable Wilson Goode, mayor of the city of brotherly love, Philadelphia.

[Chairman Rangel's opening statement appears on p. 56.]

## TESTIMONY OF HON. WILSON GOODE, MAYOR OF PHILADELPHIA

Mr. GOODE. Mr. Chairman, I am very pleased to be here. I come before you to discuss an issue which is without question the most critical one which has faced our society in the last decade. Drugs have invaded our homes, our communities, and indeed our entire Nation. The drugs have turned our playgrounds into battlegrounds, innocent children into helpless victims, and cities of promise into cities in peril.

Within the last few years, we have witnessed how gateway drugs have ushered in guaranteed destruction. Cocaine and crack have now become the lethal enemies of our society. That is why we have declared war. That is why we are mobilizing our neighborhoods and marching through our streets, and that is why we are sealing up drug dens, arresting pushers and users, and enlisting every branch of our community. We are indeed committed to winning this war.

There are those who propose that we surrender. They would have us believe that our efforts are futile, that we cannot win the war, that the only solution is to legalize drugs, the very element which is destroying our society. They would have us believe that to concede is to cure, that increase will result in decrease, and that hindsight is better than foresight. These contentions are erroneous and ludicrous. There is no redeeming factor in such an argument, because there is no redeeming quality in a drug that robs our children of their youth and threatens to murder the dreams for which we have struggled.

If we look carefully at the lessons of history, we can see that the legalization of drugs would not curb drug abuse, especially among blacks or among black youth. Indeed, it would result in the perpetuation of addiction and an increase in new users as it did after prohibition. Current addicts would be given no deterrent or incentive to discontinue usage. According to medical experts, there would be an upsurge of new users because of availability.

The legalization of alcohol increased usage and increased direct effects on society: drunk drivers, child abuse, wife abuse, spouse abuse. As a result, we find ourselves constantly implementing educational, rehabilitative and preventive programs for alcohol and cigarette use. For the Government to foster a detrimental habit,

then to provide aid for that habit is, in fact, something which we cannot tolerate. In the case of drug legalization, we would be repeating something which is totally illogical.

A frightening fact is that the addictive quality of cocaine and crack is much higher than any other drug our society has ever known. Ninety percent of users of cocaine become addicted, and if the drug is legalized the rate of users would increase four to five times its current level, according to some national figures. Users dosage requirements would also increase as a body would become more tolerant of the drugs, whereas an alcohol addiction level is less than 40 percent. In fact, cocaine addiction occurs more rapidly than alcohol because of the nature of the drug and the variety of routes of administration.

In spite of the proponents' contention to the contrary, legalization of drugs would mean that adult behavior and usage would be condoned by society. As a result, children, who normally pattern their behavior after adult role models would be given the signal that drug usage is, in fact, acceptable. We've already seen this scenario of influence with alcohol and cigarettes.

Currently, according to the National Institute on Drug Abuse, the average age of first time drug users in the United States is now 13 years of age. Are we prepared to see even younger children emulate their elders? Our youth aspire to take on the behaviors of adults, whether legally or illegally. Must we repeat the error for a more risky and deadly element within our society?

Moreover, legalizing drugs would detrimentally affect the future and potential of black America in terms of employment, education, and income. Studies have concluded that substance abuse contributes to the school dropout rate, teen pregnancy, child neglect, and the entire dissolution of family. More than half of the adolescent suicides are, indeed, drug related.

Drugs affect the central nervous system, motor skills, brain chemistry, memory capacity, and can induce psychosis. Given these facts, drug usage can be seen only as having a devastating effect on the future economic stability of black America when the domino effect is applied: learning capacity is diminished and/or interrupted; therefore, employment preparation is forfeited; therefore, income capability is restricted, if not nullified.

The end result is, in fact, poverty, economic dependency, and family deterioration. There would be no incentive to do anything but apply enforcement on the criminal element in whatever way that would then be defined. But, above all, there would be no incentive for this group to seek prevention, treatment, or training. The result could be a destruction or social genocide of the lower class, the underbelly of society, which America has historically tried to ignore.

We must consider the fact that anytime an issue is being debated in terms of whether or not to make it a criminal offense or not, there are four guide posts which must be used as measures:

(1) Is the solution effective?
(2) What would be the indirect impact?
(3) Is there a public voice of support?
(4) What are the costs involved?

These aspects have not been sufficiently addressed by those who are proponents of drug legalization. The public outcry regarding legalization opposes any type of drug abuse and opposes the destruction of society caused by these drugs. Legalization of drugs is not a private or individual matter. It is a societal matter, because it affects every single one within our society.

Those that propose that we legalize drugs have focused only on one centerpiece, the assumption that law enforcement has failed. Therefore, they contend, we have to switch the battle from the Attorney General to the Surgeon General. A further assumption is that this switch would be cost effective in that money would not be expended in the area of drug enforcement. Instead, treatment programs would be the major focus.

These are false assumptions. If drugs are legalized, law enforcement personnel and funds would still be involved in monitoring juvenile possession and acquisition, as well as in combating the illicit market to cater to juveniles and others. If, however, no age or addictive level limitations were imposed, then there would be total drug anarchy and the police would then have an even higher public safety task.

The assumptions of the opponents are based on an equally false assumption that the law enforcement effort has been improperly waged. To the contrary, there have been significant battles won through the law enforcement efforts, at least on the local level. But the larger war cannot be won if the battle is fought only on one front. The struggle cannot be limited solely to one means. We must attack, indeed, on all fronts.

To date, no proponent has specified the functional logistics of the legalization program. Allusions to international programs which have failed are unacceptable. Allusions to nonparallel social programs are indeed unacceptable. Never before has this society been inflicted by such a debilitating and destructive element, an element which affects every aspect of the social fiber of our society. Neither the young, nor the old, nor the unborn is safe from its effects.

Until the advocates of legalizing drugs can offer some type of detail as to how they would do it, they are only simply promoting slogans. They are only promoting shifting from foresight to hindsight. We cannot afford to mortgage our future on mere slogans. We cannot afford to risk the future of our children and this Nation on a mere intellectual exercise and convenient slogans.

Instead, I submit that we must continue to fight in this war, and fight even more fiercely, using a five prong strategy. All aspects of our society must join in the resistance. We must build a wall of resistance against drugs. We must teach prevention. We must offer treatment and education. We must provide positive diversion for our young. And we must mandate aggressive enforcement of all drug laws. The Government, the private sector, the community must join together. We must mobilize and work together so that no one slips through the social safety net.

We have a moral and social obligation to all of our citizens to protect them, to provide the best quality of life possible, and to assure for them a secure future. Legalizing drugs contradicts these precepts and the very foundation of our Government and sense of community. No war was ever won by surrendering. We must con-

tinue to be committed to winning this war. It can be done. It must be done. And, Mr. Chairman, it will be done with all of us pulling together.

Thank you very much.

Chairman RANGEL. Thank you, Mayor Goode. I'm glad to see that you have an open mind like I do on this subject.

[Mr. Goode's prepared statement appears on p. 64.]

Chairman RANGEL. Let me take this opportunity to introduce to the audience our distinguished panelists and those who will be getting involved in the discussion of this sensitive matter. All of you know the Honorable Sharpe James, mayor of the great city of Newark, a city that has moved forward so progressively under his leadership.

We are lucky to have been able to get the Honorable Carrie Saxon Perry, mayor of Hartford, CT.

The mayors will be followed by our prosecutors: the Honorable Herbert Tate, the chief prosecutor of Newark, Essex County; and also, we have with us Willie Williams, police commissioner of Philadelphia.

We will then go into our community groups. Reverend Ernest Gibson, from the Council of Churches of Greater Washington, is here. I see Beny Primm and I think of New York, but I should think more national when I see him. Dr. Beny Primm, my constituent who serves on the President's AIDS Commission, from New York. Dr. Frank E. Staggers, who represents to us in the caucus what the AMA represents to others. He is the president of the National Medical Association. And of course, Ron Clark, who represents one of the largest therapeutic communities that we have in the Nation, RAP, Inc.

We are also privileged to have with us, from the Justice Department, Edward S.G. Dennis, who is Assistant Attorney General of the Criminal Division. I shared with him this morning the need for him to get together with members of the Congressional Black Caucus so that we would be better able to see how the Congress can be more supportive of the goals and objectives of a Justice Department, and if not in this administration, then for those who will be returning in the next Congress to work more closely together.

We know that Elaine Johnson, Director of the Office of Substance Abuse and Prevention will be here, joined by our old friend, Charles Schuster, who is the Director of the National Institute on Drug Abuse.

Mayor James, I hate for people to change the rules on me, but what we want to do is to give everyone an opportunity to make their presentation, then we can all get involved in an exchange and then allow our audience, perhaps, to ask some of us questions.

The statements that are prepared will be entered into the record in full, but if we could have brief opening remarks, 5 minutes, then I think that we would have the type of exchange that would take away the formality of speeches and get involved in the give and take as to what our problem is. But, because I yield to your distinguished wisdom, you may proceed in any manner that you see fit.

## TESTIMONY OF HON. SHARPE JAMES, MAYOR OF NEWARK

Mr. JAMES. Just stop me at 4 minutes and I'll be OK.

Let me just say, the Honorable Charles B. Rangel, chairman, and members of the U.S. House of Representatives Select Committee on Narcotics Abuse and Control, I believe the number one problem in America is the use and abuse of illicit drugs and what the legalization of these substances will mean to the future of black America.

Nowhere is this problem more prevalent than in the black community where a whole generation of young people, tomorrow's future, is threatened by the open dealings and usage of illegal narcotics. Unless this epidemic is checked, this deadly menace threatens to kill off or maim more youth than all the wars fought in recent history.

The panic accompanying illicit drug activity stems from the drastic increase in recent years of violent crime, often murder. At the same time, we've seen the emergence of a drug related economy which allows young men, many in their teens, who could legitimately earn barely minimum wages, driving luxury cars and sporting expensive clothes and jewelry.

Fifteen Democratic Senators, your congressional colleagues, have presented that paper. They're saying that "young people are endangered," and we certainly accept that position. Seventy percent of the crime in the city of Newark, NJ, is drug related. We don't have to tell you how many millions of dollars that involves in the city of Newark. I know of no greater crisis in our city than the challenge to rid our city of this great evil.

A whole generation of young people are being threatened. I come to the panel to speak as a father whose son was shot three times and left for dead on the streets of Newark simply to rob his coat in order to buy another dose and get another fix of drugs.

All of us here today owe a special debt of gratitude to the Honorable Kurt Schmoke, mayor of Baltimore, for helping to generate public debate on this issue. Had it not been for his remarks before the U.S. Conference of Mayors last April, many of us would not have had this opportunity to review our beliefs and practices, whether on the recent Nightline television forum or on this solemn occasion.

I have nothing but the highest regard for Mayor Kurt Schmoke of Baltimore, a new breed of black elected officials, yet I cannot agree with him on this issue. We disagree on the issue of legalizing drugs. On the basis of my 16 years as a city councilman and 2 years as mayor of New Jersey's largest city, plus my many years as a teacher, college professor, and coach, I must oppose any legalization of addictive drugs.

When I took office as the mayor of the city of Newark, I said "The number one problem, the greatest evil in our community and society, is drugs." Nothing that I've seen or heard has changed that opinion. In fact, it has been reinforced. In my view, drugs will always be an evil whether they are legal or not.

I can understand the desire to find some new way to reduce street crime and to undercut the criminal empires that have grown rich on drug deals in all of the cities across the country. I know full

well the toll of crime in the streets, and it is without a doubt the most pressing issue in my community.

Again, though, we cannot afford to turn over this element, to make it legal and to bring another generation of young people who today stay off drugs because it's illegal, to say that they now could experiment and perhaps move in that direction.

And of course, in the city of Newark it is hard to persuade a young man or woman in our deprived areas to earn $3.35 an hour or $4 an hour cleaning vacant lots or doing some of the entry level jobs, when they see some of their friends able to buy designer suits and fancy cars by peddling drugs. Here again, we see the insidious distortion of values among young people, many of whose innocence is destroyed long before they leave grammar school.

Of course I want my children and everyone else to be able to walk our streets without fear. I would like to believe that making drugs cheap and accessible would turn desperadoes into decent citizens. I am not convinced, however, that street criminals would suddenly turn to wholesome endeavors any more than I expect organized crime to file for bankruptcy if drugs suddenly become available through legal channels.

The end of prohibition did not turn mobsters into model citizens, nor did the establishment of State lotteries and legalized casinos put an end to illegal gambling. I think it is naive, therefore, to predict that peace and order would prevail in all our cities as soon as we are able to buy crack as easily as Crackerjack.

I'm going to just skip some remarks, as stated by the chairman, and simply say that I cannot agree with anyone who believes that we can bring this menace to another generation of young people and expect them to have the discipline to say no.

I believe that somehow we need to bring about a greater priority at the national level, more moneys, more funds; a greater priority at the municipal level, which I agree with you on that forum; and also at the State level, where we can deal with the problem. Right now, in the cities, we do not have the dollars to make it that number one priority. We cannot fight this with a Band-Aid approach.

Mr. Chairman, I'm simply here because I live in a city that's predominantly minority, and we see the evils of drug abuse daily on the street corners and what have you. We need a national and Federal policy to address this problem. But, we can never say that to expose them and to say, "Here, take it."

I agree with what Jesse Jackson stated on that Nightline. That's like saying "Here's poison. Go out and kill yourself." That's like saying that we're going to move it from the streets into the corporate headquarters. We'll have corporate hoods instead of street hoods. We do not solve the problem.

And so, I'm here to share insight on it that if anything, we need to declare it as a national priority and a war against drugs, as opposed to any suggestion that by legalizing this menace it will reduce the problem. I think it would increase the scope and magnitude of this problem in our urban cities.

Chairman RANGEL. I'm really moved by your remarks, especially as a father, which I am. People sometimes forget that we live in the centers where the problem really is. We don't really come to it

as experts, but we come to it as those who are living through the crisis.

[Mr. James' prepared statement appears on p. 75.]

Chairman RANGEL. We have now the Honorable Carrie Saxon Perry, mayor of the great city of Hartford.

Thank you for being with us.

## TESTIMONY OF HON. CARRIE SAXON PERRY, MAYOR OF HARTFORD

Ms. PERRY. I was going to say, Chairman, what a pleasure it is to be here today, but having you put the fear of Rangel into me, and then to be backed up by Mayor Goode and Mayor Sharpe James, because I am on the opposite side, I guess where brave folks fear to tread, fools rush in. That's what I'm going to do right now.

I am a part of that new breed. I am also the newest mayor here. I've only been in office about 8 months, so I would submit to my fellow panelists and to the Chairman that I should get points for a couple of things:

(1) Because I am the newest on the block;

(2) Because I plan to be very brief.

So, I would like to tell you a little bit about my city and my concerns. I don't have a plan for you, Mr. Chairman, but I have a commitment to work on a plan. I just felt it was extraordinarily important for me to share with you some of my frustrations and some of my compelling need to view a number of alternatives around this very considerable problem.

Hartford, CT, is in a State that's the richest in the country. But, Hartford, CT, is the fourth poorest city in the country. So, you can imagine what kinds of problems I face as the mayor. We are really the proverbial Tale of Two Cities, because within our community we have a number of the richest insurance companies and banks.

The profitability of the trafficking of drugs has brought an alarming rate of death and violence to my city. My police chief has told me that 80 percent of our city robberies, purse snatchings, larcenies, drive by shootings, and gang warfares link to drugs. This year alone there have been 25 shootings, and we are a city of 136,000. So, the victims are often innocent bystanders.

The turf war with drugs at its core is maddening. From May 1 to September 8 of this year, there have been 1,700 arrests in Hartford that were linked with drugs. I have reluctantly come to the conclusion that we have lost the so-called war on drugs, that it's a colossal failure. I think that because there has been so much time in doing what everyone says is the appropriate way to go, that we should have equal time in looking at the decriminalization of drugs.

I use decriminalization rather than legalization, because legalization implies sanction and approval and that's not really where I'm coming from. I believe very strongly that decriminalization would give us some breathing room to turn the horrendous predicament that we have with the failed war on drugs around.

I think there are a number of things that we should consider when we explore this as a possible alternative. The killings and the violence that terrorize our city are a direct link to the profitability

of drug trafficking. The turf wars and the gang warfare that have taken over our streets and taken too many lives, particularly the innocent lives, is a direct link to the profitability of the drug trafficking. The skyrocketing statistics of crimes against people are a direct link to the profitability of drug trafficking. The lure to the young, as my colleague here has said about the gold knuckles that they wear, they drive the BMW's, they carry considerable sums of cash, this is a direct link to the profitability of drug trafficking.

I feel that if we took the decriminalization approach, we would invariably have a rigorous system of regulation. A vigorous system of regulation would remove profitability in drug trafficking, because the only people who would be hurt by decriminalization are the dealers. Then, they'd have to go out and get jobs like the rest of us.

And so, I think regulation is a key. We can regulate by outlawing the drugs, as we do now, or we can regulate by providing a carefully and tightly administered network. Regulation would mean that thousands of people would not be overdosing on tainted drugs. Regulation would mean curbing the spread of another deadly threat in our midst, AIDS, because we would be curtailing and eliminating the use of dirty needles.

The decriminalization of drugs does not mean that we open drug store fronts. Our society carefully regulated who can purchase and consume alcoholic beverages and tobacco. I am confident that we can regulate the distribution and use of drugs as well. We do so with morphine. We do so with valium.

Decriminalization, regulation, and tax revenues would mean that we could reallocate the billions, the billions, that we have been spending on a failed war on drugs. Money can then be allocated and earmarked for three very important components, which are rehabilitation, treatment, and education.

I am here today to ask that we give serious consideration to the decriminalization of drugs. I am not proposing a sell-out, and I am not surrendering. But rather, this is a pointed suggestion that the much heralded Just-Say-No campaign and the expenditure of billions by Federal, State, and local law enforcement in their war efforts have not turned the tide, nor even reached a watershed.

Drugs are decimating our younger generation, as everyone has said here. In Hartford, we know that we have to try to get them no later than the fourth grade in order to save them. And they are at the bottom of most of our problems.

So, I submit to this panel that there is merit, there is merit, in exploring the decriminalization and regulation of drugs. It doesn't have to be permanent. It could be sunseted. But we must, however, find a way to break new ground.

Chairman RANGEL. Let me thank you, Madam Mayor, for your political courage and candor, and for bringing a balance to this distinguished panel. As you know, you are invited with others to participate, and you will have a lot more supporters on that side, on September 29, so that you won't feel lonely, even though I have not polled the rest of the panelists as to their views.

Ms. PERRY. Oh, I'm comfortable in being a minority. I've had a lot of practice at it.

Chairman RANGEL. But perhaps when you do testify, you might give some thought to the idea as to whether you really think the Federal Government ought to get involved in legalizations, since you know better than I that most mayors and police chiefs have that responsibility. I don't think you would want to use Valium as an example of regulation.

But, in any event, with the exception of constitutional questions which the Supreme Court decides, most of the thrust and the leadership normally doesn't come from the Congress. It comes from the State legislative bodies as they decide what they are going to experiment with.

Ms. PERRY. But you also have the funds. A great many funds are here in the Federal Government, and some of them are not allocated in what I think is appropriate. The money goes more for law enforcement than for rehabilitation or prevention or education.

Chairman RANGEL. Well, in an era of legalization, those questions would normally be decided in State capitals. You may not want the Congress coming into your State. But, as I told Mayor Schmoke, I'm anxious to go wherever we're invited.

Let's hear from a prosecutor's point of view. We have the Honorable Herbert Tate here from Newark.

## TESTIMONY OF HON. HERBERT TATE, JR., ESSEX COUNTY PROSECUTOR, ESSEX COUNTY, NJ

Mr. TATE. Congressman Rangel, I'd like to thank you very much for the opportunity to address this great body.

I, as the prosecutor of the largest prosecutor's office in the State of New Jersey, Essex County, which has 20 percent of all the crime in the State of New Jersey and one-third of all the violent crime in the State of New Jersey, would like to say that if there is any chief of staff or generals to be proposed on this war of drugs, I'd like to submit your name first for your commitment and your extensive background in terms of analyzing this issue.

I think that a commitment, not only from the Federal and the sState level, but also at the local level, is going to require a truly coordinated effort. I'd just like to state that before I get into my remarks.

The legalization of drugs, in my opinion, is a cop-out. The advocates of drug legalization may be well-intentioned in their efforts to take the profit out of drug dealing, but the proposal to legalize drugs sends a dangerous message. To legalize drugs is to give up the fight. We have not done all we can to combat illegal drug use through education and law enforcement.

In the debate concerning whether drugs should be legalized, proponents of legalization raise more questions than they answer and ignore the real effects of drug use. Drugs are illegal because they are harmful and destructive. The distinction between legal drugs such as alcohol and tobacco and illegal drugs such as cocaine, heroin, and marijuana is not arbitrary. While both types of drugs have properties in common, they also have significant differences.

Naively, advocates of drug legalization attempt to make analogies between tobacco, alcohol, and drug use. They are blind to the fact that the addictive propensity of drugs such as cocaine, heroin,

and other opiates, is far greater than the addictive potential of alcohol and tobacco. Studies indicate that 8 percent of the people who drink alcohol consume amounts which are damaging to their health. Other studies indicate that people who consume cocaine and other opiates have approximately a 10 times greater chance of becoming addicts.

The result of legalization, in whatever form, would be an enormous increase in drug abuse and addiction. With drug legalization, what is now a serious problem could explode into an irreversible crisis.

Advocates of legalization argue that drug use is a victimless crime. However, the effects of drug abuse on families and on our society is very evident. Drug abuse is unquestionably the greatest single danger to the health and safety of our citizens. Increased drug use would lead to more babies born addicted or retarded, more deaths from overdoses, destroyed careers, reduced productivity, more job accidents, more traffic accidents, more victims of child abuse and neglect, destroyed families, and certainly an increase in violent crime.

Unlike cigarette smoking, drug abuse has been proven to contribute to criminal behavior. Independent studies have found that drug users committed significantly more crimes when addicted than when not using drugs. In 1987, New Jersey law enforcement officers made a record 50,466 arrests for drug offenses, an increase of 24 percent over the previous year. It is estimated that approximately 50 percent of the more than 400,000 criminal offenses committed annually in New Jersey are drug related, although not involving drug offenses directly, and a recent national study suggests that this figure may be as high as 56 percent.

The President's Organized Crime Commission concluded that there is a direct causal relationship between substance abuse and the overall rate of crime. At least one-third of all crimes committed in the State of New Jersey, including violent crimes and thefts, are believed to have been committed by persons who were under the influence of alcohol or drugs.

A recent study funded by the National Institute of Justice found that in nearby New York City, of those persons arrested in the fall of 1986 for crimes including burglary, robbery, assault, and theft, almost 80 percent tested positive for recent cocaine use. When the study was last conducted in 1984, only 42 percent of those arrested tested positive for recent cocaine use.

In other words, the prevalence of cocaine use among persons arrested for serious crimes nearly doubled in the span of only 2 years. These statistics clearly demonstrate that crimes will continue to occur in all likelihood, and will increase particularly if drugs are more accessible through legalization.

According to the National Institute on Drug Abuse, the average age of first-time drug users is 13. Based upon the foregoing, it is undisputed by both those in favor of legalization and those opposed to it, that antidrug education is vital to reduce the demand for drugs. Such education is imperative if we are to dissuade our children from drug abuse.

Removing the criminal stigma from drug use would undermine the strong antidrug educational message we all agree is vital to the

long-range attack on widespread drug abuse. Even though the Government has instituted educational programs explaining the dangers of drug use, legalization would convey the message that the government condones such use. Children would be unable to follow a clear message, which would be contradicted by the laws which they are taught to obey. If our values oppose drug use but our laws condone it, we are sending a mixed message.

Decriminalization would be a surrender to drug abuse when we are just beginning to fight the war. Only recently have concerted efforts been proposed and initiated to reduce the supply of drugs with increased law enforcement and to reduce the demand for drugs with comprehensive educational and rehabilitative treatment programs.

In 1986, the Governor of New Jersey, Thomas H. Kean, developed a multidisciplined plan to make New Jersey drug-free. This plan was outlined in the "Blueprint for a Drug-Free New Jersey." The thrust of this proposal was to recognize the inadequate and disjointed efforts of law enforcement, educational prevention programs, and treatment programs to eradicate the increasing sale and use of illegal drugs in New Jersey. The Blueprint mandated the implementation of a unified strategy designed to coordinate all local, county, and statewide resources and to attack the demand and supply sides of the drug problem.

In addition, in 1987, a comprehensive law enforcement battle plan to implement the supply side reduction strategies was announced in the New Jersey attorney general, W. Cary Edwards' "Statewide Action Plan for Narcotics Enforcement." This plan directs the coordinated mobilization of all local, county, and State law enforcement agencies against all levels of drug dealing, trafficking, and use.

The proponents of legalization are asking the State of New Jersey and the Nation to stop fighting the war at a time when we are embarking on a new battle plan. Legalization symbolizes the Nation's surrender to the drug problem. When the fight against drug abuse is just beginning to move in a comprehensive, productive direction, running away from the battle by legalizing drugs would be a fatal mistake. The cost of implementing these new and aggressive programs certainly will be substantial, however, it is better to pay for the dream of a drug-free society than to pay for the nightmare.

Congressman, I would like to submit along with my testimony the referenced Blueprint, Statewide Action Plan, and also the Drug and Alcohol Use Survey that was conducted among high school students upon which they were based, so that this may be reviewed.

Chairman RANGEL. We would welcome having that information.

[Mr. Tate's prepared statement appears on p. 86.]

Chairman RANGEL. I would like to ask the panelists that if we can stay closer to the 5-minute guidelines, it would give us a better opportunity to have an exchange, and perhaps we can pick up some converts along the line.

Police Commissioner Willie Williams.

## TESTIMONY OF WILLIE WILLIAMS, POLICE COMMISSIONER OF PHILADELPHIA

Commissioner WILLIAMS. Good morning, Chairman Rangel, ladies and gentlemen. Very briefly, I would just like to say thank you for inviting me to participate here this morning.

As the police commissioner of the city of Philadelphia, the fifth largest city in the United States with 1.5 million citizens, I am fully aware of the problems and the dangers that drug abuse alone has. I am equally aware of the dangers that the legalization of drugs bring.

As a 24-year veteran of the police department, I am totally convinced that the legalization of illicit drugs would only add numerous and serious health issues as well as social problems to an already burdened society. Legalization of illicit drugs is borne of frustration by those who have chosen to give up, rather than to continue the uphill fight against drug abuse.

As Americans, and especially as black Americans, I ask, will we promise our children their share of the American dream or the nightmare of addiction that drug legalization promises? Will we offer the opportunity for gainful employment or the destructive alternative of a drug dependent enslavement. And finally, will we dedicate ourselves to controlling this tragic situation or will we permit this tragedy to control us?

The decision, I believe, is obvious. We must never fly the banner of drug legalization with its motto, "Just say yes." If we have the courage to make the right choices in these troubled times, and if we have the burning desire to make our choices succeed, we must meet this epidemic of addiction and abuse head-on and conquer it. There are no easy solutions to this problem, however there are intelligent choices to be made.

Whatever choices we make, we will only achieve success when drug education, drug enforcement, and drug treatment become the cornerstone of a comprehensive Government effort to end the national tragedy. And government effort must be local, State, and national in scope.

I ask you, additionally, who will fund the legalization of these drugs that alter the mind and behavior of our citizens? If an individual has a $500 a day illegal drug habit, will he or she now have a $500 a day legal habit? How will they support this legal habit? Who would be able to afford the astronomical costs of medical, health, life, and auto insurance that this government sanctioned addiction will surely guarantee?

Obviously, legalization of drugs will create one more economic burden for the poor and middle-class Americans who can ill afford this strain, even though they do not themselves wish to tamper with drugs.

Law enforcement efforts to stop the flow of drugs in our country have not risen to the level necessary to effectively impact drug users. The answer is not to stop our efforts, but rather to coordinate all levels of law enforcement to a more efficient and centralized network of operations in order to develop new methods of controlling the flow of illegal drugs.

To repress the demand, drug education and aversion programs must begin at a very early age, perhaps as early as the primary grades, second, third, fourth grade, so that our children can develop and formulate attitudes against drug use as well as an awareness of the consequences of drug use.

In closing, it troubles me very much that some individuals are seeking government sanctions to control and distribute mind and behavior-altering drugs. Such government control must not be permitted.

As members of the Congressional Black Caucus, you know firsthand the many problems confronting not only the black family, but all families in America today: alcoholism, teen pregnancy, crime, and violence. We cannot afford the litany of problems confronting our families to include the governmental sanction of legalized drugs. To do so would erode the very foundation of our strength, the family, and for many of us it's the black family, with another and more insidious form of deterioration.

What is needed today is not the message of despair which drug legalization offers, but the message that is proudly being preached by one of our most respected leaders, "Hope, not dope."

Thank you very much, Mr. Chairman, for your attention.

[The prepared statement of Willie L. Williams appears on p. 94.]

Chairman RANGEL. I was just sharing with Mayor Perry and Mayor James, the idea of perhaps inviting some of the mayors to New York, and now I understand Newark, and I know Chicago, where we can look and see what is happening with the Methadone programs which clearly is a form of legalization of addictive drugs.

A big problem I'm working so closely with my police department on, is people coming in for examination who are stripped, examined, and then loaded up with Valium and other legal drugs, and the pharmacist is in the same shop. In other words, you just threw it right through the hole, and then his partner picks up the prescription.

The reason I mentioned this is because doctors, as you know, have broad discretion as to what they prescribe. But you can't send in undercover people because they know exactly who they are, and addicts are generally sick people who need some type of prescription. And so, we find a diversion. We find the sales on the street.

And so, please don't feel lonely because we want really to open this up and to see whether some of the ideas that you and others are thinking about are workable in our major cities. I think it would be exciting for all of us to really visit and see the experiences out there on the battle front, as opposed to further back.

Let's hear now from our community people. That panel would be Rev. Ernest Gibson. He's not here yet, but certainly Dr. Beny Primm is here, Dr. Frank Staggers, and Ron Clark of RAP.

Beny Primm, who sits with the President's AIDS Commission, was the very first American who researched and saw the connection between the I.V. drug abuse and the AIDS virus. When Beny Primm first fought to be heard, there was the common acceptance that AIDS dealt with white homosexual activity. Beny Primm fought to be heard and now, of course, we're fighting to try to eliminate or to at least control the problem.

I wanted to publicly thank you, Beny.

## TESTIMONY OF DR. BENY PRIMM, PRESIDENT'S AIDS COMMISSION

Dr. PRIMM. Thank you so much, Mr. Chairman.

Mr. Chairman, you and Mayor Goode and Mayor James and certainly Mayor Perry have sort of referred to all the social dislocations in our Nation, and of course in our cities. We live, as I see it, in a society that somewhat forces, for some citizens, disenchantment, disenfranchisement, certainly hopelessness and helplessness. All of this leads to what some of our great sociological writers have described as a permanent underclass for certain of our citizens, all of these many social dislocations.

I'm very concerned about this kind of problem that creates a discouragement among our citizens, and particularly black citizens, who are prime subjects for then addictive behavior and addictive drugs of all kinds, alcohol, cigarettes, certainly other heavier substances, marijuana, certainly the other substances with pharmacological properties that ease all of this pain that is cause by certainly the discouragement, the disenfranchisement, and the hopelessness and helplessness.

Our citizens, then, can develop a good reason for their failures. We know that, certainly, substances that I've mentioned are amotivational and demotivational. Such demotivational substances produces a society that we see wall-to-wall people in our many cities on the corners, in front of liquor stores, waiting for the drop to come by. I need not describe any further that scenario, because all of you are familiar with that scenario.

Along with that scenario in our inner cities, as we move about, I think the greatest and most successful advertising campaign goes on in our communities, a campaign where we see billboards, beautiful billboards with cigarettes with some of our leading citizens as role models advertising and smoking those cigarettes. We see advertisements for alcohol with some of our leading citizens putting forth the message to use alcohol, certainly terribly successful.

I can see, if legalization of drugs comes about, this same kind of thing, maybe not with our leading citizens, but certainly cocaine and heroin and different forms of cocaine and heroin, and certainly Acapulco Gold, as we saw on the program the other night.

These things have been so successful in our community that we are the leading persons with the greatest amount of cirrhosis of the liver, secondary to alcoholism; of cancer of the lungs, secondary to the use of substances like marijuana and of course tobacco and nicotine. I submit to you that legalization of drugs will cause a greater incidence and prevalence of those diseases in our community. I submit to you that legalization of drugs will contribute to all those many other diseases that we suffer from in greater proportions than do our white colleagues.

I submit to you that legalization of drugs, Mayor Perry, and certainly Mayor Schmoke in Baltimore, it would be a complete devastation in terms of health greater than what we see right now in our society.

I would like to close, Mr. Chairman. I only want to take about 5 minutes, and I think I'm about 4 minutes and 20 seconds right now, by saying that no matter what Mayor Schmoke says about the

legalization of drugs and that we need to be discussing this issue, I would like to think that—he puts up the argument that after Prohibition there was no great increase in alcoholism. I would like to state for him that there has been a rampant increase in alcoholism, particularly among minority people in this Nation.

I'm almost thinking it's a conspiracy sometimes when we see the number of liquor stores in our community per person. I did a study some years ago that showed that in the Harlem community, there was one liquor store to about every 1,010 persons. In the borough of Staten Island, or Richmond, in New York City where we live, where the population in that borough is predominantly white, there is one liquor store for about every 6,000 people. In Queens, there's one liquor store for every 5,000 people. In south Bronx, in New York, where Hispanics live, there's one liquor store to every about 1,000 people.

I've wondered many times why we have so many liquor stores for so few people, and I think it's because that there might be a reason to keep us in a certain obtundness of our senses to the point where we no longer can function properly. I will tell you that I would be strongly, unalterably opposed to the legalization of drugs, and will preach that from any tower anywhere in the world.

Thank you, Mr. Chairman.

Chairman RANGEL. Another open mind.

Charles Schuster is here with us.

We welcome you to our panel.

Let's get a medical view from Dr. Frank E. Staggers, who's the president of the National Medical Association. I guess most people know that is to black physicians what the AMA is to the profession nationally.

## TESTIMONY OF DR. FRANK E. STAGGERS, PRESIDENT OF THE NATIONAL MEDICAL ASSOCIATION

Dr. STAGGERS. Thank you, Mr. Chairman. I will be brief.

I think the panel, certainly Mayor Goode, Mayor James, and certainly Beny, have stated most of the things and covered most of the areas.

Dr. Primm neglected to tell you, because he didn't want to, I'm sure, be presumptive, but he does chair the AIDS Committee and the Substance Abuse Committee for the National Medical Association, along with one of our other members.

I would like to, in the time that is allotted to me, deal with the following: the treatment part of it, the demand part of it. Because, to me and to the National Medical Association, that has been the part that has been sorely neglected, education, prevention, treatment, and rehabilitation.

Let me give you one example. On nationwide television, Mayor Koch of New York said, "We have 200,000 I.V. drug abusers in the State of New York, but we only have treatment facilities available for 35,000." That computes to about 15 percent.

Now, if you assume that just one of the things that we have heard today will be true, and that is that demand will increase and we will have more people who will need treatment, then what are we doing? We are not treating those who are sick now. These

people are sick. Everyone agrees that they are sick. They need treatment facilities on demand. If they voluntarily come in now and say, "I want to be treated," there is no facility.

Now, we get a nice passing of the baton in the Olympic part, or passing the buck as we used to say. But, the fact that there's a block grant, that it's a State responsibility, that yes the local can do something about it, but what happens? No one does anything about it, or it's inadequate. That's the first thing, and an example of the first thing that we can expand on during the question and answer period.

But, let me get away from that at the moment, get away from what's monetarily expected and what can be done monetarily, and deal with the community side of it. The National Medical Association has studied this problem and has watched it develop. We believe that the community has a very active part to play in this, especially coordinated united community action groups coming together, looking at this problem, and trying to address it.

Now, the problem with when you begin to look at a problem is, who is going to be responsible for implementing the recommendations? Who will be responsible? So, the National Medical Association has accepted the responsibility of doing something about this.

How are we doing it? We are talking to our ministers. We have told our local chapters to begin to talk to your ministers, because that's where it has to be done, in the local community. Surprisingly, we find something.

The minister says, "We are responsible for addressing this problem, and we will take a lead in addressing this problem."

We say, "Fine."

They say, "We have anointment from the On High to address this problem."

We say, "Fine. Score one for the home team. Our responsibility is to assist you and to help you along with other community groups."

Now, therefore, if we can join together in our communities and reach out where appropriately to involve those other active organized community groups, both public and private, and with law enforcement begin to impact on the education and the prevention and the treatment and the rehabilitation aspect of this "war," then maybe the situation of looking at whether or not legalization is to be done would be a moot point.

Let me say what the NMA official position is.

Mr. Chairman, we are opposed to the legalization.

Chairman RANGEL. Thank you, Doctor. I'm really delighted to see that you're working with our clergy, and I agree with you that if they haven't been called from On High, it would seem to me that when we're dealing with babies being born and abandoned and with AIDS, that this should be a moral issue rather than a legislative and political issue.

While I do see a concern with local ministers, what has shocked me is the absence of leadership in the religious communities in providing direction for the Congress and the communities, from the Protestant Council, from the Archdiocese of the Catholic Church, from the Board of Rabbis.

We hear a lot about abortion and lotteries and bingo and tax exemptions, and they are very active on those matters. But, in the area of protecting our children who are addicted, I think that I have to agree with you, that that is a part of their mandate from On High, and those of us who are just soldiers in the trenches should be led by them. Sometimes I think they're under more severe restrictions politically than I am, though. But, I better stop there.

[The prepared statement of Dr. Staggers appears on p. 100.]

Chairman RANGEL. Mr. Clark, from RAP, thank you so much for sharing your expertise with us this morning.

## TESTIMONY OF RON CLARK, RAP, INC.

Mr. CLARK. Thank you, Mr. Chairman, for the opportunity to talk with you and other distinguished guests.

I think that perhaps we may be starting from the wrong premise, that is, that drugs is not the problem. We understand that, as Dr. Primm has so eloquently put it, what we as a nation are going through, what we experience, particularly as young black men trying to grow and become educated and educate ourselves in this society today, we understand that there are a lot of oppressive things that exist.

If you're trying to release yourself from pain, emotional, physical, and other sorts of pain, you'll do whatever is necessary to do that and end that. If the availability of drugs is something that would ease that pain, you will take that route.

We understand that the great psychiatrist Fenian tells us that oppression creates neurosis. We begin to think and understand that what we're dealing with here is a neurosis that affects all of us living in the United States today under the conditions that we're living under, which is very confused, a lack of spirituality, and all the things that we know that have happened over the years.

We understand that some of us act it out in a different way. Some of us act it out in a way that becomes dangerous to ourselves, becomes self-destructive. Those are the people that we find in our treatment programs, the very few that they are, trying to turn their lives around, trying to better understand themselves. These people are people that are prone to the use of anything that will change and give them a moment of peace.

Dr. Primm talked about the numbers of places around the city where you can buy alcohol. The fact that you can find any type of substance that is self-destructive almost anywhere today, says that our society in some way has allowed certain groups of people to continue to destroy themselves. To legalize drugs is only a continuation of that.

We've tried over the years to understand the whole issue of genocide. It's been talked about over and over again. We've rejected it. We don't want to believe it. We don't want to think that it's possible, but here we are today seriously talking about the legalization of drugs. If we talk about that, we'd have to say that the particular group of people who would suffer the most from this of course would be young black men.

That would be a form of genocide. It would be a form of continuing to destroy, remove, get rid of a group of men who, basically, are questionable where they are now needed in terms of the work place, in terms of education, in terms of how they now fit. The fact is that we have so many young black men that are locked up in prison today. Seventy-five percent of them are there because of drug use. The fact is that the young men that see television and see the glamorous things on television, lack the skills necessary to perform in the work place.

All these things contribute to us trying to figure out how we deal with this particular group of people. What would be a better way to give them what they want? In some way, they do want some comfort, and that would be legalization of drugs, particularly if you understand that they are uncomfortable, that they do not like themselves, that as they look around them in a racist situation, they see that they have no place, that they don't fit, that they're ill-equipped to deal. So, therefore, they will cop-out.

If we legalize drugs, you can believe that thousands of young black men will take advantage of that because of their lack of information, education, understanding of who they are, what their potential is in this world and where they can go. I'm appalled that we're really sitting here today discussing this. I remember back in 1972 we discussed this. It's a recurring event.

I think that the fact that you yourself has been out front in trying to understand and get the world to understand the relationship between our foreign policy with countries who grow opium, cocoa leaves, marijuana, and other substances, and our relationship with them, has a lot to do with the supply and demand.

The fact is that the media has not given that the attention necessary so that we clearly understand, and I think it's important that our local elected officials understand that your continuance in trying to get information to understand the relationship between our foreign policy and the fact that these countries who cannot grow cash crops turn to illegal drugs and their relationships. We must understand that it has not been given the proper attention and I'd like to applaud you for your continuous effort in doing that.

Also, I think it's very important, as you pointed out, that the legislation of this will not be in the Congress. The decision of this will come from a local State level and city level. This increases the burden of our local mayors and local leadership in terms of understanding clearly what this will mean and the effects that it will have on all of us if we continue to even sit here and debate and consider the possibility that the United States of America, the greatest country in the world, cannot do something about a problem as simple as the fact that we cannot educate our young people, we cannot stop drugs from coming into our country, that the only solution that we have is allowing people who are destitute and somewhat crazed in one sense to do what they want to do, and that is to destroy themselves and everybody else around them.

Chairman RANGEL. Thank you for your statement, and I hope that if you have anything prepared that indicates the number of black males who are in jail for drug related offenses, it might be interesting because it's really frightening to me to see that the

major thrust is legalization, which means if that's what they want, give it to them.

The new administration's approach is abuse or accountability, which means put them in jail if they're using, coupled with the recently passed amendment of teaching them a lesson by removing any Federal benefits that they may have.

Clearly, I have not reached the point of genocide, but it would have such a crippling effect because I hear no one talking about providing homes for them, providing job skills and providing what is necessary so that someone can say, "Don't talk to me about drugs. I have too much to lose."

But as you pointed out, if you take everything else away, especially hope, and put in as a substitute, the availability of and the access to drugs, I assume that you've got to look out for the poor and make certain that they're subsidized.

Ms. PERRY. Can I make a comment about Mr. Clarke saying that, though we're even discussing this today, and then saying that this is the greatest country in the world. That's why we are the greatest country in the world, because we are able to discuss those differences and try to come to some resolution of a very severe problem.

Chairman RANGEL. I have to respond to the phone. Let me introduce my dear friend and colleague, Ben Gilman, on the Select Narcotics Committee.

I want to ask my dear friend and colleague, Ben Gilman, who is the ranking Republican on the Select Narcotics Committee, to make his statement. I say Republican because I can't think of any experience legislatively since I've been on the Hill for 18 years where on our committee a political issue has been raised where we have thought as Republican or as Democrats, where we have caucused politically before coming out to recommend legislation.

We've had fights, disagreements, between the members, but never along party lines and I want everyone here to know that. Whatever limited successes that we've been able to get in the Congress in 1986 and again this time, and whatever time we've had a chance to be before the Conference of Mayors, Ben Gilman has always been there, one, to make certain that I didn't say anything disrespectful about his great President and the fellow that's now running, but also to make certain that the whole world would know that we don't look at this as a partisan political issue, but rather as something that involves the national security of our Nation.

I just want to thank him for always being there. I hope that you could say welcome or give some remarks to our group.

Mr. GILMAN. Thank you, Mr. Chairman. I thank you for your kind words. It's always a pleasure to work with our distinguished chairman on narcotics issues. He's had a long, distinguished career in leading our Select Committee on Narcotics in the House. And as you know, for the past week or two, we've been engaged in trying to develop a new omnibus anti-narcotics measure on the floor of the House. Chairman Rangel has taken the very important leadership role in that effort. As a matter of fact, we may be called back to the floor a little later on this morning or early this afternoon to further pursue that issue.

We've worked long and hard to try to find an appropriate strategy to combat the serious threat of drug trafficking in our Nation and in other nations. We welcome all of you who are taking the time out of your busy lives to participate with us in trying to take a good, hard look at the issue of legalization.

Legalization has been a very seriously discussed issue of late. Many of you may have watched the lengthy television review the other night in which our good chairman took an active role. We had an opportunity to take a good look at some of the pros and cons of that issue.

I do have many serious reservations about any policy that would make dangerous, addictive drugs more available than they already are. Nonetheless, I look forward to hearing the views of more knowledgeable people who have come forward to speak on this important issue.

I personally think it would be a mistake to go down the road to legalization. Our Nation was built upon a basis of a hope for a better life and today the American dream is still based on such a hope, but the hope to do better, to fulfill our dreams is being materially eroded by narcotics abuse, addiction, and trafficking. We all know how serious this issue is, with over $150 billion of illicit narcotics trafficking in our country and close to $100 billion of drug related health costs impacting upon our Nation. I'm pleased to see so many of our good experts here and I note some of our folks who spent a great deal of time on the Presidential Commission and have done a good deal of study. So, I look forward to hearing your further views.

Reverend Gibson from the Council of Churches. We'd like to recognize Reverend Gibson who has joined us and is now part of the Federal panel. Mr. Dennis and Dr. Schuster and Mr. Gibson, we'll continue with this panel.

## TESTIMONY OF EDWARD DENNIS, ACTING ASSISTANT ATTORNEY GENERAL, U.S. DEPARTMENT OF JUSTICE

Mr. DENNIS. Thank you, Congressman Gilman.

Of course I have presented a statement for the record, but I will summarize in an effort to be brief.

Simply put, the U.S. Department of Justice opposes the legalization of controlled substances. I think it's clear that the people of the United States oppose legalization overwhelmingly and that has been the sense of the Congress as expressed in bill 4916 that any proposal to legalize illicit drugs as a method to combat their sale and use should be rejected. I think it's clear that the overwhelming majority of American people do not endorse the legalization of controlled substances.

I personally strongly oppose this, not only as a result of my experience as a professional in law enforcement, specializing in the area of criminal drug law enforcement for 13 years, but as a parent who has a 16-year-old son. I am very concerned about the risks and the dangers confronted by young people in our current era, and the risk of their succumbing to the temptation of drug abuse, fear for the future of our communities as the assault on them continues by those involved in the drug traffic. I don't think this issue is one

that really should be phrased in partisan terms because all of us are victims of the drug abuse problem and I think we feel the danger of this quite strongly.

What I think we ought to keep in mind, is that the criminal laws as currently structured, are not causing drug abuse. They are not discouraging individuals who are addicted to drugs from obtaining treatment. They are not suppressing the education of those who need to have knowledge about the dangers of drugs. They certainly are not, filling our emergency rooms with individuals overdosing on drugs or, newly born infants born into the world addicted because their mother was on drugs at the time that she was pregnant and delivering.

The criminal laws do not cause any of those problems and it's clear to me that decriminalization of drugs will not alleviate any of those problems. I believe that drug abuse is a challenge to our leadership on the Federal, State, and local level. It is a challenge not just to suppress the drug traffic, but to strengthen our communities so that they are in a position to take on the challenges of educating our young people, churches and civic groups are in a position to be able to keep our community strong so that our young people and those living in those communities will not be tempted to deal or abuse narcotics and dangerous drugs.

I think that decriminalization is a retreat from that challenge. We have not seen a panacea in the efforts of Britain or the Netherlands to really skirt this issue by decriminalization. Decriminalization will not reduce crime. It will not reduce drug abuse. And I don't believe it will free the resources that advocates of decriminalization and legalization feel will be available for treatment and education programs.

I don't think there is any shortcut. I don't think there's any magic bullet that once fired will solve all our ills. I think we must continue in the direction that we have been going. We must work harder. We must work more diligently. We must assert leadership on Federal, State, and local levels. And I think, we must work together on all levels of government to ensure that where the rubber meets the road, and that's in the communities, we really have the kind of effort to make a difference in our schools and in our neighborhoods.

Chairman RANGEL. Thank you so much, Mr. Attorney General.

[The prepared statement of Mr. Dennis appears on p. 105.]

Chairman RANGEL. I want to welcome Reverend Gibson to our panel. We'll hear from him after Charles Schuster. But, Reverend, the Lord works in mysterious ways. Before you arrived, I was just saying how shocked I was that we didn't find the leadership in this area coming from our spiritual leaders in the Archdiocese or the Protestant Council or the Board of Rabbis, and then you show. I really think that everyone here in Washington knows not only what you have done individually, but in reaching out and bringing the churches together.

I should have said that there was a great job being done by individuals, but what I really meant is that from a national level we don't feel the impact politically in the Congress, the strength of our organized religious institutions. They could take a page from Reverend Gibson's book. I think that the rubber would hit the road

and that the Congress would be prepared to respond to give them the resources to do what they do better than we do.

So, before we hear from Reverend Gibson, we have with us the national expert, the Director of the National Institute on Drug Abuse, Dr. Charles Schuster.

Thank you so much for being with us again.

## TESTIMONY OF DR. CHARLES R. SCHUSTER, DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

Dr. SCHUSTER. Thank you very much, Mr. Rangel, for the opportunity to be here this morning. I apologize for the fact that this bandage may make me a little less cosmetically appealing for cameras and that my voice may be a little bit interfered with. I want to assure you that it is not an attempt on HHS to limit what I say here this morning. Rather, it's a product of, frankly, passion and anger because as I was shaving this morning, I was reviewing some of the possible outcomes of legalization of drugs. I got rather carried away and sliced off half of my lower lip.

Now, as a parent who has a son whose life has been badly scarred by drug abuse, and as a researcher who has spent 25 years working in clinical settings as well as in research labs, I understand the frustration with the problem of drug abuse that has led to the proposals for legalization. But legalization of drug abuse is not the answer.

Let me briefly review some of the reasons why we at the National Institute on Drug Abuse, and I'm here also today representing the Department of Health and Human Services, oppose the legalization of illicit drugs. I would also like to say that because I'm going to try to be brief, that I would like my written testimony introduced into the record.

Now, my remarks this morning are going to be based mainly upon our research, which I hope will provide a sound, empirical basis for our being able to make policy in this area.

First of all, as Mr. Rangel has very clearly and eloquently stated, legalization proposals are not really proposals at all for they really haven't addressed yet the practical questions of what drugs should be legalized, for whom should they be legalized and in what quantities and potencies. I'd simply like to point out how some of our recent research has demonstrated that these complexities are far greater than many of the proponents of legalization realize.

I think it is absolutely impossible for us to consider the legalization of cocaine, basically because of its pharmacology. We know that those who are addicted to heroin need to take heroin three to four times a day. After they take an injection of heroin, their craving, their drug hunger decreases. Recent studies that we've conducted both in the natural settings on the street and in the laboratory indicate that the situation with cocaine is very different. An individual who craves cocaine takes a snort or injects it or smokes it, and instead of decreasing his craving, it's just like the familiar experience we have all had with salted peanuts, it increases his craving for cocaine. Thus, he craves cocaine more after he takes it than he did before he initiated that particular bout of cocaine use.

Thus, how could we practically legalize this drug? What would we have, nurses and physicians sitting there willing to inject or give the drug every 20 to 30 minutes around the clock? Well, if they did that, then obviously we would get into the second part of the pharmacology of cocaine and that is that at high enough doses it directly produces a paranoid toxic psychosis leading to violence and, if high enough doses are taken, of course it leads to convulsions and death.

Well, I don't know how we would limit cocaine that was dispensed legally. If we gave the individual one hit of cocaine and they walked out from our dispensary, he would be craving more cocaine than he would have before we gave him that one hit of cocaine. Our research has clearly shown that.

So, these are just part of the complexities that I think absolutely preclude the consideration of the legalization of cocaine.

Now, proponents of legalization also argue that drug use would not increase significantly if drugs had widespread legal availability. Now, I can simply tell you that every epidemiological study that I know of that has been conducted shows that there's not one shred of evidence for this. As a matter of fact, availability seems to be one of the principal contributing factors to the prevalence and incidence of drug use. Thus, far from decreasing the problem, we think it would exacerbate it.

In that regard, there exists considerable evidence to suggest that legalization of drugs would increase the behavioral and public health problems associated with drug abuse. To a degree, it would far outweigh any benefits that might be accrued because of legalization. You've got to accept the fact that drugs abused are toxic, no matter whether they are sold by a pharmacist or a street pusher. The drug is the same thing. It's going to compromise your cognitive performance, your motor performance, your sensory performance, your ability to relate socially. It blunts your emotions. All of these things happen no matter where the drug comes from.

I have to say that we often times talk about drug addiction as being bad because it produces other things, like crime and now because of the association of AIDS with addiction. We talk about the public health problem. But I'm here to say that drug addiction per se is rotten and lousy because it robs the individual of his freedom. It doesn't matter whether the addicting drug comes from a pharmacist or whether it comes from a street pusher, this person's freedom is limited by virtue of the fact that they're either totally preoccupied with the drug they've just received and the high that they've gotten or they're concerned about, "Well, when can I get my next one," either through a legal source or from the street pusher. So, per se, it restricts and reduces humans to a virtual slavery.

Now, it's also contended that violence and crime associated with the current situation would be reduced if drugs were legally available. Well, it might reduce it some. However, I have to say to you that all of our studies have indicated that drug abuse per se rarely causes the initiation of a criminal career. Most individuals who support their drug habit by virtue of crime have committed crime before they ever became addicted to drugs. Now, it's true that while they're addicted to drugs they may engage in more frequent

criminal behavior, but we don't know how much this would decrease if drugs were freely available.

The second thing is about violence, as I've already alluded to. Many drugs, such as cocaine, PCP, part of their basic pharmacology at high doses produce violence in and of themselves. Far from decreasing violence, I think the greater availability of these drugs through legalization would give rise to more violence and more crime in the streets.

Finally, legalization appears to be untimely. This is a sensitive area because Mr. Rangel and I have discussed this in the past. The National Institute on Drug Abuse conducts a high school senior survey and, yes, all it measures is drug use in those who are fortunate enough to reach their senior year of high school. We admit the limitations of that survey.

Nevertheless, for that portion of the population that is fortunate enough to get that degree of education, we have seen a real change in attitude about drug use. These kids are now saying, "Hey, even intermittent or experimentation with drugs is dangerous," and the incidence and prevalence of their use of marijuana has gone down significantly in the past 5 years, as well in the last 2 years for cocaine. So, at least for this portion of the population, legalization would be madness. We're beginning to make progress there. Why should we give in and legalize?

As has been stated here, drug use and drug abuse continues to be a major problem, particularly in the inner cities amongst blacks. Legalization would make these drugs even more available in these ghetto neighborhoods. And within that context, I have to say that a policy of this sort could be easily interpreted as a neo-colonialist mechanism of under class population control. Therefore, I would oppose it.

I think also, as I stated before, addiction and the effects of these drugs compromise the individual's performance. They compromise their abilities. If opportunities for self improvement were to come along, the person on drugs, whether they're legally prescribed or obtained from a pusher, is not going to be able to take advantage of those opportunities. Drug people simply cannot function that well.

As has been stated by my colleague, Mr. Dennis, the legalization of drugs is unacceptable to the American people. Surveys have demonstrated that the general public is not only opposed to legalization, but also considers drug use to be wrong. I agree, NIDA agrees, and HHS agrees. All of our scientific evidence, as well as commonsense, leads us to unalterably oppose the legalization of the illicit drugs.

Thank you very much.

Chairman RANGEL. Thank you, Dr. Schuster.

[The prepared statement of Dr. Schuster appears on p. 113.]

Chairman RANGEL. We will have two more brief presentations before we go into general questions and before we are able to share ideas with each other here on the panel.

We have, joined with us now, Dr. Elaine Johnson, Director of the Office of Substance Abuse and Prevention.

What we have done, Reverend Gibson, is to provide everyone with roughly 5 minutes to present their views. Then what we would like to do for the remainder of our time is to exchange, to

ask questions and to see whether we can develop some type of a strategy as to where we go from here. I want to point out again that this meeting will not have the formality of the meeting that Ben Gilman and I will be having with the Select Narcotics Committee when we deal with the question of legalization. So, even though we're in this awesome room, we're just here as family.

I would like for Dr. Johnson to follow through from the Federal perspective and then ask Reverend Gibson to kind of wrap it up.

Dr. Elaine Johnson, Director of Substance Abuse and Prevention, thank you for being here. We're glad you were able to make it.

## TESTIMONY OF DR. ELAINE JOHNSON, DIRECTOR, OFFICE FOR SUBSTANCE ABUSE PREVENTION

Dr. JOHNSON. Thank you very much, Mr. Chairman and members of the Caucus. Thank you very much for inviting me. I think it's a very special time of year when we have the Congressional Black Caucus weekend as a time for citizens from all of our communities to come in and consider major social issues that are facing our society at this point in time.

As an organization dedicated to the reduction and ultimate elimination of alcohol and other drug use by America's youth, the Office for Substance Abuse Prevention then is unquestionably opposed to legalization of illicit drugs. While we're in a very real crisis with regard to illicit drug use, we must not forget that the vast majority of Americans do not use illicit drugs. Removing the legal sanctions that prohibit drug use would lead inevitably to more widespread use among our youth and more tolerance of drug use throughout our society.

I believe that legalization would place the most costly burdens on America's minority citizens. According to conservative estimates, the young people most at risk for alcohol and other drug abuse are black by a ratio of nearly two to one. Our most recent national data tell us that 31 percent of the individuals reporting to emergency rooms across the United States with drug related problems are black. In 1985, 53 percent of the emergency room episodes involving heroin were among black Americans.

The overrepresentation of blacks among I.V. drug users helps to explain why black Americans are effected by AIDS in proportions greater than their representation in the general population. And finally, black Americans account for 47 percent of cocaine and heroin related deaths and 57 percent of PCP related deaths.

In many of our urban areas, estimates of the number of black and Hispanic speaking addicts are often double or triple the estimates for white addicts. Homicide is the second leading cause of death among black males in America. Nationwide, an estimated 10 percent of all homicides are associated with the use of illegal drugs. However, as you know, in our larger cities, this figure is substantially higher.

Legalization has the potential to exacerbate an already intolerable situation. Without the constraints afforded by legal sanctions, more black men and women and more black youngsters are likely to turn to illicit drugs as an escape valve to the socioeconomic and other difficulties they are confronted with each and every day.

As long as there are potential users who cannot obtain drugs through legal channels, there will be pushers who are only too willing to sell to anyone who has cash to pay, including children. Those who cannot legally obtain drugs and those who do not have the cash will resort to crime, as they do now, to obtain their drugs.

I cannot believe that the proponents of legalization would advocate selling drugs to youngsters or to pregnant women or to police officers, airline pilots, truck drivers, physicians and so forth. Nor can I believe that the proponents would advocate legalizing any drug in any amount for anyone.

We already have a tremendous problem with alcohol abuse among these individuals. The legalization of illicit drugs would only compound this existing problem many times over. A pregnant woman who abuses alcohol or other drugs jeopardizes the future of her unborn baby. Babies who are born addicted must undergo days and sometimes even weeks of agonizing withdrawal. Some infants don't survive. Many are left with long-lasting or permanent disabilities.

How many more innocent addicts can black America, or any segment of our society, tolerate? The Office for Substance Abuse Prevention is spending hundreds of thousands of dollars to train health care and social service workers on how to address these problems. Are these efforts for naught? Legalization would substantially aggravate this already critical problem. How could we ever have adequate resources to deal with the impact of legalized drugs?

A society that is high on drugs is an unhealthy and unproductive society. With their brains clouded and their senses dulled by drug use, black Americans would be unable to cope, first in school and then on the job. Obviously there would be negative consequences from lost productivity and absenteeism both in school and at work. We already know that children who use alcohol or other drugs are not able to function as well as they should in school.

By far, alcohol is the drug of choice among America's young people. According to the 1987 high school senior survey, 92 percent of high school seniors surveyed had tried alcohol and 40 percent reported episodes of heavy drinking. Nearly all high school students have experimented with alcohol, this despite the fact that it is an illegal drug for those under the age of 21. Does that not provide us with ample evidence that a drug which is legal for adults cannot be kept from youngsters?

Therefore, I believe the effects of legalization on the black community would be devastating. Legalizing illicit drugs would further erode the already precarious family structure that undermines the future of many black youngsters. When one member of the family abuses drugs, all family members suffer. Instances of spouse abuse and child abuse and neglect often go hand in hand with illicit drug use.

Families are the backbone of America. Nothing tears a family apart faster than an addicted parent who is unable to make a living or care for a child or even function as a responsible adult.

Therefore, as I pointed out earlier, the Office for Substance Abuse Prevention is very much opposed to legalization of illicit drugs in America. Thank you.

Chairman RANGEL. Thank you and I appreciate the fact that your well thought out and prepared statement was summarized. That full statement will appear in the record.

[The prepared statement of Dr. Elaine Johnson appears on p. 121.]

Chairman RANGEL. We're going to publish the statements that have been given to us, and for those who would want to add one, we'll keep the record open for about 2 weeks. The record will remain open for those who might want to add or perfect their statements as well. And then, while the mayors and other public officials would have the benefits of this, for those in the audience that might want a copy of the testimony, if you could contact my office or leave your names and addresses somehow with us, we'll see that you get it. It should take a month or so to actually prepare it.

Reverend Gibson, again, thank you for the tremendous work that you have been doing. I hope that your presence here might inspire this to become a national effort from our spiritual community.

## TESTIMONY OF REV. ERNEST GIBSON, EXECUTIVE DIRECTOR, COUNCIL OF CHURCHES OF GREATER WASHINGTON

Reverend GIBSON. Thank you very much, Congressman Rangel. I will simply give a summary of the statement that we have submitted.

The Council of Churches of Greater Washington stands firmly against the legalization of drugs. If drugs are legalized, some of the obvious results will greatly change the American society as we know it. We will have made a moral surrender on the way that we treat one another that will have far-reaching implications.

The legalization of drugs would be a tragic and cowardly capitulation by Christians of the love ethic by which the church moves. If drugs are legalized and we think we are going to receive some transfer of funds from taxes for treatment centers, we must say that we have no precedent for that type of transfer of funds that would be used as drug tax funds for additional treatment centers, as some say. They promised that when they brought in the lottery and I am yet looking to see where lottery funds have built all those senior citizens housing and other social programs that were promised. There's no precedent for that type of transfer of funds.

If drugs are legalized, more drugs will be used because the price will be cheaper and it will have the confirmation of government. What an awful prospect. Government will be saying, "It's all right to abuse drugs," and we will even have a strong suggestion of social acceptance.

If drugs are legalized, we will be saying that the lower socio-economic classes of our society are expendable. As with most social problems, the drug problem and its tragic effects is greatly intensified among the poor in the lower income classes.

If drugs are legalized, PCP will still drive people crazy, cocaine will still make people paranoid. So family violence, spouse abuse, child abuse and incest will all increase.

If drugs are legalized, an underground market will develop and it will generate violence as it tries to work around whatever restrictions may be placed on drug quality, sale or use.

If drugs are legalized, the drug addict will continue to rob, steal and kill to get money to support his or her habit. Legalization of drugs will not reduce addiction or change current habits.

The media will carry drug commercials with all the seductiveness that is now given to beer, wine, liquor and cigarettes. We can see commercials, for instance, of the Phillip Morris cowboy riding into the sunset with a smoking cocaine pipe hanging loosely from his lips. Well, at least the sunset will be appropriate. If drugs are legalized, we can expect cocaine cabarets, PCP parlors, crack breakdowns, marijuana smoke-ins, fully advertised in all forms of the media.

If drugs are legalized, the danger of driving while intoxicated will be joined by the danger of driving while spaced out.

There are two areas that have received very little attention in the legalization of drugs discussion, the threat to national security and the economic issue. The foreign drug industry is an attack on our civilian population and we must recognize it. It is destroying the resource of youth that would provide the future leaders of this Nation. The potential of a shortage and weakness in local and national leadership because of a greatly reduced recourses of young people is a threat to our national security.

The economic issue. The drug industry is a multibillion-dollar business for the international cartels. Now, the legalization of drugs would shift this multibillion-dollar business from the international cartels to American corporations. The power and influence of this possibility must not be lost as we hear the argument for the legalization of drugs.

The church cannot turn its back on the elimination of this evil of drug abuse that is devastating the lives of our sons and daughters and threatening the security of this Nation. We hope that our Government would not turn its back on the elimination of this evil. Drug legalization must not happen.

Thank you.

Chairman RANGEL. Thank you, Reverend.

[The prepared statement of Reverend Gibsson appears on p. 135.]

Chairman RANGEL. We're going to take a 10 minute break, then return with questions from the audience.

[Whereupon, at 11:45 a.m., off the record until 11:50 a.m.]

Chairman RANGEL. We're trying to really utilize the expertise of this panel and hope that you would restrict it to questions. Of course with the panel members having had a chance to hear each other, I hope that you would feel free to ask each other questions that we may have.

[Whereupon, the committee went off the record briefly.]

Chairman RANGEL. We have people lined up to ask questions. I guess initially we might encourage ourselves to be brief in the response and brief, of course, in the question and that way we'll have the maximum participation here.

They've been kind to us on the floor. We only had one vote, Ben. The drug bill will return to the floor today and then we will rise at 3. Monday and Tuesday we enjoy a spiritual holiday, a good one,

and then we take the drug bill back up on Wednesday and Thursday of next week. Congress is moving toward an October 15 adjournment because we all have something to take care of on November 8.

We would ask for the record that the witnesses identify themselves before they ask a panel member a question.

OK. Our informal gathering will start.

Ms. EDWARDS. Thank you, Mr. Rangel.

Ladies and gentlemen, I am Cecile Edwards, professor of nutrition in the School of Human Ecology at Howard University. I am the recipient of perhaps the largest grant made by NIH to a black institution to look at causes of poor pregnancy outcomes in black Americans. I have an alternative to propose to you and a question to ask and the alternative to drug legalization is to be the proponents of a national policy to develop an addiction to learning, said oppositely to exchange, to substitute an addiction to drugs for an addiction to learning. I call this an ecological model for the prevention of substance abuse. I will present this in November before the National Council on Family Relations.

The model has four parts. One, an element of hope to be transmitted to youth with a vision for their future. The second part is jobs availability for work. The third part and very crucial is parent education and the fourth part is anti-drug education.

We carry this out in three modes. First we would give a massive effort, a massive source of support for prenatal education which before the child is born enables the mother to understand how important it is for her to be healthy, and secondly to help that child to be born well, free from those learned disabilities, free from those conditions that our low birthrate infants are subject to.

Second, we would have, while the mother is in the process of carrying the child and shortly thereafter, a program of parent education where the mother then is trained to stimulate the infant in terms of being creative and being exploratory and to search the environment for clues. We want to instill that in the new mothers the value of an education and a healthy body and, more importantly, the vision that they can give the children for the future.

Then the very important part of this ecological model is a partnership between those players that are crucial. These are the schools who would give the anti-drug education; the local and State governments; industry, which will give the opportunities and the substance for the vision for the future; the media, which will give the anti-drug information; the Federal Government, jobs and opportunities; and the churches, the hope and the anti-drug education.

Clearly, we are going to have to do this for ourselves and so we're going to need the Black Caucus to support it in terms of legislation, all of the black national fraternities and organizations and church groups to encounter individuals in communities.

I would say then, in closing, that the alternative then would be to change the addiction to drugs to an addiction to learning and the question is, do you think we can do it?

Chairman RANGEL. Well, I hope that the forum will not lend itself to major statements which would cause us, of course, to give major statements in response. Your well thought out presentation

is something that I hope you would submit in writing and I would make certain that the panelists receive it. All of us, of course, believe that we can win if we concentrate our efforts on doing it. I think that your statement is a major contribution toward us resolving that. I hope that either you distribute it to the panel or I would see that they get it.

I hope that the rest of the people in line have questions because we do want to get people to answer.

Who is next?

Mr. NAGERRA. My name is Pedro Nagerra. I'm assistant to the mayor of the city of Berkeley and one of the people who are kind of on the front line in dealing with this problem in our city. We have a major drug problem.

While I am also an opponent of legalization, I must say that the fact that the question was raised has at least forced people to reexamine what we're presently doing. I have to say that I'm very disappointed with the lack of leadership I've seen coming out of the National Government, with the exception of Congressman Rangel and a few others because I see the direction only going toward further criminalization, toward the drugs problem. I think the recent attempt to impose the death penalty and stiffer penalties on drug dealers is really missing the point. That became real clear yesterday at the workshop on gang violence when we heard from some people who have been directly involved in the drug problem.

So, I want to know what kinds of cause is being made for reinvestment into communities. From my standpoint, I see the drug problem really exposing our failure to have provided education, jobs, health care for a large segment of our population.

I also want to ask, if we're going to dismiss—I can't see how we can dismiss all aspects of legalization because on the question of marijuana, if we were going to take a position against the legalization of marijuana, then we must be consistent in also calling for criminalization of alcohol and cigarettes because I think that it's difficult to argue that marijuana poses any more threat to our health and safety than does cigarettes and alcohol.

I think, for example, that in northern California we've seen a connection between the attempts to criminalize and to suppress the availability of marijuana and the proliferation of crack cocaine on our streets. So, I'd like to put this question to you.

Chairman RANGEL. Mr. Assistant Mayor of Berkeley, you remind me that 18 years ago I came to this Congress and I was shocked to find that the Congress was not an extension of the city of New York. You don't know the breath of fresh air that I had when I found out about the city of Berkeley. Your views are well taken. I think you know the answers to most of the questions that you have raised.

I'd like to say that, again, the Conference of Mayors had not just dealt with the question of law enforcement. They had a comprehensive plan that they presented to the Congress and dealt with foreign source interest, it dealt with health problems, educational problems. I might suggest to you that this is just one easy vehicle to influence the Congress. I can't explain what happens to us on the eve of an election. The things that you're talking about got at-

tached to the drug bill. One has to have a serious election opponent to understand what motivates members to vote for it.

But we hope that in conference, on the House bill and the Senate bill. We can clean some of that up. I hope that some of those provisions are dropped and we have a bill that we can live with.

Mr. LYLES. Congressman Rangel, my name is Reginald Lyles. I'm a police officer from Berkeley, CA and work on the front lines fighting drug problems.

I heard today that John Wilder and Congressman Conyers' Committee on Judicial Criminal Justice, state that the Drug Enforcement Administration had seized over $500 million in asset forfeitures. That's guns, cars, jewelry, houses, cash money, et cetera. In my efforts in Berkeley, we've seized quite large sums of funds. Now, that money has traditionally gone to police departments and the State.

Is there some kind of legislation that could be brought forth nationally where money that is seized, assets that are seized can be reinvested back into the communities where they are sucked out of?

Chairman RANGEL. I think we do have a formula. Let me yield to the mayors. We do have a formula and I think the problem was not with the formula, but with the bureaucracy, in getting the share that they were getting and the speed in which they were getting it. But the cities are included.

Mr. JAMES. The cities do share it.

Mr. LYLES. Well, what we're seeing is that the cities are putting the moneys back into the police departments to buy exotic weapons, machinery, computers, et cetera. We have benefited from that. But I'm saying reinvest the funds back into grassroots programs that are in dire need of financing.

Mr. JAMES. That depends on the administration. How they use the money will depend on the leadership of that administration. Those dollars do come back. We've had Rolls-Royce, Mercedes-Benz. Money off the table has gone into the municipal treasury. How we use it now is going to be a decision between the legislative branch of government and the administration, council and mayor. But the dollars are there. I certainly share your concerns that there ought to be effort to try to address to the problem of prevention and the other concerns that you're making known to us.

Mr. LYLES. Well, my last comment is, sir, it's not happening. It's not getting to those grassroots programs where the real solution to the problem is going to be at.

Ms. PERRY. Just one comment about half of the money also comes to us. One of the ways we have utilized some of the money is to strengthen what we call our excalibur unit, which is a unit which works very closely with the gangs in the drug problem. So, it's not totally in the grassroots and community organizations, but it's increasing the police force so they can work more closely. So, it's sort of like walking by very quickly, but nevertheless—I've only been mayor 8 months and hopefully next year we'll put it more where it's needed.

Chairman RANGEL. Let me share with you. I'm begging Mayor Sharpe James to get an invitation for me to speak before the Conference of Mayors to see whether or not in our next bill we can get

a formula that will cause the resources to go into the problems are concentrated. I don't like to see the resources tagged according to the value of seized assets. I think that we have an obligation, if we have a national program, to send the money where the problems are. To a large degree, that would take care of it.

But don't let anyone off the hook, not mayors, not Governors and not Presidents. When people have problems, you should be prepared to say that Government generally ought to deal with it.

Dr. Staggers.

Dr. STAGGERS. I see that Berkeley is well represented. For those of you who don't know, Oakland stands right next to Berkeley. We will be meeting with you to try to address that problem, to bring some of that money into the treatment arena because that's what we've been talking about. Money goes mostly into law enforcement rather than into treatment. It's our responsibility to the ministers and the physicians and other active community groups to see to it that the money goes where it should do the most good. Certainly part of that should be in treatment.

Mr. LYLES. Let me give you an example of how the money is being spent in Oakland, because I'm an Oakland resident.

[Whereupon, the committee went off the record briefly.]

Mr. TATE. Behind that was to try to enhance what has been a rather poor showing of government in backing its police departments and its other law enforcement agencies by not taxing the taxpayer but by, in effect, taxing and penalizing drug dealers with return of their assets into the very people who have to take them off the street.

I would like to say that even though the $500 million figure was quoted, only a small percentage of that money and assets that may be seized and have to be converted into money make it to the police departments.

There is a tremendous underfunding right now. I think, Congressman, you recognized the number of soldiers that police departments and law enforcement agencies have committed to this war. We in New Jersey have recognized that those police departments are sorely understaffed to deal with the problem of the many drug dealers out there. The criminal justice system is hamstrung because of the lack of jail space in which we don't really have an effective concept of swift and certain punishment as a deterrent for those who are out there profiteering off of drug dealing.

The moneys that we're all looking for have to come from many sources. It's a big pie and it doesn't seem to be—I mean there are big needs with very little pie to divvy up in this problem.

I would like to state that I saw on the news today the Federal Government dedicating $35 to $40 billion to bail out savings and loans in Texas, bad decisions in business being made. We don't know how many of those bad business decisions are drug related. We don't know, let's say, in the city of New York which has the financial capital of the world in Wall Street, which coincidentally also happens to be the cocaine mecca for New York City, not Harlem but Wall Street, how many bad business decisions are being made in which hundreds of millions and billions of dollars are passing through every day.

The money is there. It's determined whether or not the politicians and those in government and those in law enforcement and appointed positions are dedicated to get those funds to deal not just with law enforcement, but with education and rehabilitation.

Chairman RANGEL. Well said, and you can recognize that your legislators need to know your concern so they can make certain that the priorities are established.

Madam.

Ms. KEYES. Good afternoon. My name is Patty Keyes. I am the chief executive officer for Medical Information Associates. My background is in clinical pharmacy and I hold a degree of a doctorate in clinical pharmacy.

I'd like to share some thoughts with you and then really needle the panel for a serious question.

One of the things that I've come to realize—I tend to be a dollars and cents type of person. When we stop and think of the industry of euphoria in the United States, it would probably be safe to assume that it is the largest volume dollar sale industry in our United States. When we look at our Federal deficit, we come to realize that, in fact, those dollars that are in our euphoric industry would probably be ample and more to be able to handle the Federal deficit as well as house the poor and feed the poor also.

My question to you is, the criminals that we are able to catch in the act, take them to court, convict them, put them in jail, they come out only to have established more contacts from within our criminal justice system as opposed to bringing these criminals in and make them the grassroots efforts that the officer spoke of from Berkeley. Put them in the rooms and in the mental institutions having to deal on a day to day basis with working with the addicts that are going through withdrawal.

The dollars that are going into this industry is being subsidized. I'm not trying to knock the nicotine industry nor the alcohol industry because they offer some economic foundation for our country, but it also offers a sickening degradation of the mental health of our community. With as much money as is in this euphoric industry in our United States, why, in fact, are we not pushing more from a dollars and cents perspective and stop taxing the taxpayers to ask for more money on gasoline tax and et cetera to be able to subsidize treatment and prevention programs.

Take that money right out of that industry and put it to good use and take the criminals and put them to work. Let them see from a first-hand perspective because you know they're not using the drugs. They are doing nothing more than tearing down our society. I propose to you to take it back to the House and try and find out what we can do to tap into all of those dollars.

I ask you, do any of you have input as far as what kind of moneys we can take out of that industry to be more supportive from an educational standpoint for our society?

Chairman RANGEL. Very well thought out statement. There have been suggestions and recommendations that we do that. The industries that you're talking about have organized support for their views almost as strongly as the gun lobby has in protecting what they think are their rights.

Have you written anything on this at all?

Ms. KEYES. No, I just am also an emotional person. That's feeling.

Chairman RANGEL. Well, fortunately a lot more substance than emotion came out of your remarks. While James Alexander is taking notes, I hope you will entertain the idea of reducing your thoughts to writing and maybe some of the mayors might want to take a look and see what they can do in the city councils. I've really just thought about luxury taxes and things like that with the deficit. There is a lot of thought as it relates to lung cancer, to dedicate the moneys from cigarette taxes to Medicaid and Medicare. The concept of earmarking gets attention in the Congress. It's bad legislation because you can burden it so much in trying to distribute the money. During times of deficits, people are trying to raise money without going directly to the personal income tax, which can create a major political backlash.

Look at the Mothers Against Drunk Driving. They have so changed the attitude of the Congress.

Drop me a note and mark it confidential so that I can ask the General Accounting Office to do the proper research for that and share it with you and thank you for your views.

Ms. KEYES. I thank you very much for the opportunity to speak today.

Chairman RANGEL. Sir.

Mr. LESIS. Good afternoon. My name is Louis Lesis and I'm from Boston, MA. I'm here to continue a theme that finally came up that was started by Mr. Tate and has been addressed by the other two speakers.

But I first want to say that I'm a bit shocked that we're here discussing the question of legalization of drugs when it's a foregone conclusion that this country and this society has been involved in the process for a number of years. There's no way we can get away from the fact that when we give Methadone, we are giving drugs. It may not be an illicit drug, but it's a drug. For the last 20 years in this country, and it began on the streets of Brooklyn back in 1968, we have sanctioned the idea that drugs can and should be controlled and therefore we dispense drugs, this Government, on the State and national level. We do that.

So, the question is, now what do we do with the drugs that we have not sanctioned to be useful in our community, because we do have legalized drugs? We have to get away from that issue of what the legalization of drugs means for those people using drugs only and look at the broader prospects of the effects of drugs.

Ninety-nine percent of the people impacted by drugs are not the drug users themselves. They're the people in the neighborhoods and the communities who are the victims of the crime for the cost of drugs. You've got to remember that the scourge of drugs is not the use of drugs in itself, but the economic cost of drugs. Every time a person who needs drugs and has to raise 90-some bucks to buy a drug whose actual pharmaceutical cost is less than a buck, is destroying the communities and neighborhoods of this Nation and therefore setting our country into a position where we're no longer secure in our own community, we're no longer secure nationally.

Therefore, the question of legalization of drugs becomes an economic question. What are we doing about it? The problem is that

we have not addressed this realistically nor honestly. We are using drugs and we are dispensing drugs. Drugs are a legal entity. We have mayors in our major cities who are talking about giving clean syringes to drug addicts. They're not questioning where they're going to get the drugs to use those clean syringes. We have to stop the hypocracy. We have to deal with the issues straight up. We have to take the profit out of drugs. That's the bottom line. We have to deal with the profitization of drugs.

What people have been saying here about money and the utilization of resources and taxes, we have to deal with it. We have to start turning our computers around and we have to start doing the same thing we've been doing with insider trading with Wall Street and every place else and we have to find out where the profit of those drugs are going and we have to get the profit and we have to take it back.

Anyone making use of drugs and making use of the profits of drugs, they have to be deprived of that. Until we do it, the drugs are not going to change. There is no war on drugs. You've said that and I agree with you. There cannot be a war on drugs because we're talking about Noriega, but he doesn't own any banks. Poppy leaves aren't grown in his country. He doesn't own any airport. The drugs are coming into this country, the funds are going out through legal entities which we set up and we sanction.

Until we change that around, until we make the sincere attempt to deal with the problem of drugs and look at it honestly and sincerely, we're not going to change it. NIDA funds legalized drugs. NIDA has been in the business for the 20 years that I've known it, involved in legalized drugs. So we can't keep asking the question whether we're going to legalize drugs. We've got to ask the question, what are we going to do with those drugs that we have not sanctioned and we have to deal with it honestly.

I say go after the profits. I say to use computers to stop playing games with these security agencies. DEA won't talk to the FBI. FBI won't talk to the Secret Service. Secret Service won't talk to Firearms, Tobacco. Local police won't talk to State police and the motor vehicle department in each city is working by themselves.

If a person is riding around in a $40,000 BMW and doesn't have a job, then you stop them and you've got their tax records in front of you, then the FBI and the CIA and the local police have to say, "We need to talk to Internal Revenue and find out if this man doesn't have a job. How does he have a $40,000 car?" It's not a very simple method, but it says to me that there's a basis for identifying where the profits of drugs are going.

We know and you and I sitting here know that the people who are running the drug cartels aren't dope users. They're not some junkies sitting back, making decisions about where this $150 billion industry is taking this Nation. We've got to stop playing games. We have drugs on the streets. We've got to do something about them.

Ms. PERRY. Are you saying that you're a supporter of decriminalization?

Mr. LESIS. I'm saying that the first thing that has to happen is we have to have a real war on drugs. And to the extent that this country is saying "We're not going to do it, we're not going to take the profits from the people who have made the $150 billion each

year," then I'm saying we're going to have to stop playing around and make sure that the people who are the most effected, which are the people in the neighborhoods, the ones who are the real victims of the drugs, that they no longer suffer anymore.

Chairman RANGEL. Is that your answer to the Mayor's question?

Mr. LESIS. The answer is that you have to decriminalize them if you can't amount effective war against them. You're going to have to decriminalize them because it's the profit that perpetuates the drugs. It's the profit. Without the profit, there would be no drugs.

Ms. PERRY. I thought you sounded like you were agreeing with me. Thank you.

Mr. JAMES. I think the point you are making is that there is no war on drugs and that's why we should salute Congressman Rangel because that's precisely what he's been doing, taking that hue and cry from the public. I think Rev. Jesse Jackson, during election and I chaired his committee in the State of New Jersey—it's not the Pledge of Allegiance people are concerned about, it's not the Iran, it's not who served, it's about drugs in our community for all the reasons you've stated.

And now the people themselves have decided this is an issue that we must address and give some national priority. I believe that national priority is going to be developed through forums such as Congressman Rangel's been putting together and the leadership he's been exhibiting. It now has moved to the forefront. Whether we address it or not or create that national priority will be the results of hearings that we're having today.

Mr. LESIS. We're not going after profits, Mayor James. That's the bottom line.

Mr. JAMES. Well, you first have to have dialog and you have pro and con on that and you should be here for the 29th when Mayor Kurt Schmoke speaks, and others. We have to have dialog and then we have to have policy, public opinion and go. That's what Congressman Rangel is doing. I think we should recognize that leadership. Everything you have said is part of the deliberation that's going to create that public policy. I certainly appreciate your remarks.

Mr. LESIS. Mayor, let me first apologize.

Representative Rangel, I do recognize your leadership. I do recognize the Herculean efforts and without your support and without your efforts the policy on drugs would be in a worse situation than it is now.

That does not, and you and I both know, that does not address the primary issue that the profit from drugs, the $150 billion that comes into this economy each year is being taken out of these communities and effecting people who are not drug users. Somehow we have to turn that around.

Chairman RANGEL. Let me ask you this because you're eloquent and I think that most of us would agree with most of what you're saying. When Charles Schuster said that we talked a lot, he also implied that we disagree a lot.

Yes, we've legalized drugs. I told some members of this panel, especially Mayor Perry, if you really want to see what diversion and what easy access means for addictive drugs, visit some of my Methadone clinics. I don't think you want to talk about expanding that

concept. It is one of the worst things that I've ever seen in terms of abuse of legal drugs. I don't know whether it's hypocritical, but with cigarettes and liquor, I would like to believe that somewhere along the line someone should have known how dangerous these drugs were to our society and not allowed them to be so-called legalized and commercialized.

But you keep using the word "take the profits out." I hear a lot about that. You don't really mean eliminate the profit motivation for who's going to be the substitute for the street hustlers. You mean transfer the profit motivation from the street hustlers to the major pharmaceutical corporations.

Mr. LESIS. It's not the same——

Chairman RANGEL. In other words, when you took the profit from bootleggers, that didn't stop Seagrams. If you take the profits out of marijuana, that's not going to stop Phillip Morris when you just legalize it. If you stop the street hustler, which I think you should, from selling, that doesn't mean you're not going to have competition to sell the product.

I don't know whether you were here earlier, but for those of us who know that coca leaves and opium are now grown in the United States, I think our farmers will be outraged that we would be importing it from Mexico and Peru and Bolivia and Colombia. They would say "Buy American." I want to see who on this panel has got to say that our farmers cannot do an effective job as people in South America.

Anyway, I hope that you participate. Where are you from?

Mr. LESIS. I'm from Boston, MA. The point that I want to make though, there's nothing that will not be made a profit on. But the difference between a $90 spoon of heroin when the actual cost is $5 in terms of externalities to the society is the difference between night and day.

Chairman RANGEL. And the difference between having to pay for a heroin shot and getting Methadone free is the difference between night and day. There are people who know that it's a heck of a lot easier for them to reduce their habit or to get a multi-drug high and to sign up with as many clinics as they know—and my God they know how to sign up for these clinics—to hook up with the Methadone programs.

Now, if we were selling that Methadone in the street, it's my opinion we wouldn't have that many clients on the Methadone program. I think if we reduce the other drugs' price in the area and I assume you would agree, that even if the addict couldn't afford the lower price, that we should give it to them. I know you agree with that. I know you're not saying that only those who have the money should be able to get high.

Mr. LESIS. What I'm saying, Congressman Rangel, very clearly, that if we're giving Methadone, and I've run a Methadone treatment program in the city of Boston for health and hospitals and I've known about the Methadone program since 1968 since I am originally from Brooklyn, NY.

Chairman RANGEL. I know about it.

Mr. LESIS. OK. I'm telling you that if you're giving the Methadone and that's lowered the price, give them heroin. You're already involved in drugs.

Chairman RANGEL. I thought you would say that.

Mr. LESIS. You're already marketing the——

Chairman RANGEL. I think you do agree with Mayor Perry.

Mr. LESIS. It takes the impact away from the community. You see, the victims of drugs aren't just the users. It's the society as a whole that they have to raise that $90 from. So, if you're already involved in illegal drug use and illegal drug dispensing, which we already are, and if we've got mayors who are advocating giving free needles, give them the drugs and get it off the backs of citizens who are not involved.

Chairman RANGEL. I understand.

Mr. LESIS. And let us try to fight on the prevention level.

Chairman RANGEL. I have visited Amsterdam and I hope Mayor Perry gets the opportunity. What they have done there is say, "You keep those people out of our general community. You keep them out. If they want anything, this is where you do it. You want prostitution, you want drugs, you want anything, you do it here and we'll help you the best we can and keep you out of jail. But you come into our general society and you will see the wrath of government."

So you have this mecca of young people from all over Europe going into Amsterdam where they sell the stuff in the streets, and the marijuana you can obtain in the stores. I would hate to see who would be drafting the blueprint for the communities where one can get these drugs, as long as they were restricted and segregated to that particular community, and not effecting the general community.

I think I know how it would be done, but I certainly would appreciate if you were on that board protecting me against those who would draw the circles as to where those free drugs would be and where the drug free community is thought to be.

Ms. PERRY. Could I just make a quick comment?

Chairman RANGEL. I will be in Hartford, I'll tell you that.

Ms. PERRY. Let me make a quick response to that, Congressman, because in our inner cities it's happening already. We have clusters in our housing authorities where just by the nature of the business those who are involved in the drug trafficking are clustered. They've become the meccas, just by the nature of the drug business and it's a very terrifying thing that our projects have become.

Chairman RANGEL. I agree with you.

Ms. PERRY. So you have that with what's going on now. One of the——

Chairman RANGEL. I know you do and you're saying that we would intensify that.

Ms. PERRY. Just let me make a quick comment because I want to hear from the rest. When I talk about decriminalization, I'm also talking about balance. I have great compassion for the user, but I'm agreeing with the last speaker. There are so many people who are effected by the user that in somehow or other we have to think about them in this equation too. Most of the discussion that I heard here today was only for that person who is using drugs. We have to think of the families, we have to think of the communities that are also victims. In some way when we talk about solutions, they have to be given equal time also.

Chairman RANGEL. Well, you're sitting next to Prosecutor Tate and he talks heavily about protecting those who are not involved in drugs.

Dr. Primm.

Dr. PRIMM. Mr. Chairman, I would think that Mayor Perry did a lot of selective listening here today if she thinks that what we talked about was only the user of drugs. We talked about the victims, we talked about the families, particularly Dr. Johnson and Dr. Schuster, Reverend Gibson, all of us right down the line. It's most important to us that this a community problem. We know that it destroys the very fabric in the community that keeps the community together. There's no question in our minds, particularly us from treatment and community effort in this thing, that unless you include all those people that you are talking about that it effects, you won't be able to do anything about the problem.

Chairman RANGEL. But, Dr. Primm, I don't think she was listening selectively. Most people who think that way believe that all of those who are involved are victims, even if they're not drug abusers. It's still their problem. If that's your son who has the problem, that's your problem. If that's your community that has AIDS, drug related, that's your community's problem.

Basically what we're saying is all of the problems that are related to drug abuse, whether it's the addict or not, those problems should be confined to that community. Let them find the solutions to it. But don't allow them to come out and try to find solutions to their problem outside of that community.

Now, you know that 20, 25 years ago they always thought they were talking about Newark and Harlem. Now they find out that we're talking about a broader population.

I say, Mayor Perry, it's too late to talk about now confining your attention to those areas that have been hit. It's really too late. I think as the last speaker said, they focus on us because we're poor and cause a lot of the problems as it relates to the crime and violence, but Wall Street has this problem. When you find that they can't get the money, they commit crimes too. Those crimes, while it doesn't cause people to go into hospitals, do effect the nature of your community, my community and everyones' community.

So, as this disease starts to spread, the real question is do we assist in allowing all people to have access to it? I would have to agree with you. I don't think my Methadone people are hurting too many people. But what they are doing to themselves, and to their families in my community, allows Dr. Schuster to say, "We have really taken away their liberty. We have taken away everything that a human being should have." That's why I say that if the church doesn't get involved, this is just suicide on a long-term basis.

I guess what you're saying is, as long as no one but the user gets hurt, let's give it a shot. I don't know.

Mr. TATE. Congressman, I'd just like to maybe reinforce one point. I have to go around speaking to kids in the inner-city about drug use, drug abuse. It's a very difficult argument. Some of the toughest audiences are those that are under the age of 14.

But one thing that seems to perk their minds to think about this question is a scene that I remind them of from the movie, The God-

father, which is not fiction but really fact. That was that board room scene in which one of the mafioso bosses stated that, "Well, if we're going to let drugs come into this country, we'll put it in the black neighborhoods because they're all animals and they don't have any souls anyway."

Now, that was not fiction, but fact, because that was an actual taped conversation taken from the Valachi tapes of an FBI investigation. Truth. I tell the kids, I say, "Well, if that is in fact the attitude of those who began this plight, and you believe that there is still discrimination, racism in this country, then maybe you need to really examine why you should use if the initial dangers of this drug were seen to be soul destroying."

Any time I hear the arguments of decriminalization and the allowance of the use of drugs, I begin to have to go back into the history and I think that Nightline show was very informative in terms of the problems it presented in this country with opiates and morphine back in the 19th century. But back then it wasn't a problem that was class. It wasn't race.

Fortunately now, it's not any longer a problem of class or race. But the inception of the revitalization of this problem in the 20th century clearly was one of design and one that I think we should all examine as not being tolerable in any form whatsoever.

Mr. JAMES. I just wanted to say, Mr. Tate, I think in that movie too when Marlon Brando, the question was put to them about expanding the operation in Harlem like, "We're worried about them. They're probably carrying knife. They've got weapons," and Marlon Brando got $15 million for uttering "We will give them drugs." It's the same as we're saying now. You will emasculate a whole community of people by giving them drugs.

So that's an important point and that's what we're saying now. Can't handle it in public housing? Then give it to them. We take the attitude that we should not surrender, that we should go in there and cut out those who are selling drugs. It's the same as what happened in Baltimore. That's where the story made the front page. Twenty-one year old holding people hostage, renting an apartment and selling and so forth. We take the attitude not to surrender. We should go in and cut out that cancer and give them a better quality of life and housing and environment.

Chairman RANGEL. Believe me, anyone that wants, to just jump in here—Reverend Gibson?

Reverend GIBSON. Mr. Chairman, I just wanted to say that in our conversation there is a missing link, there is something we give very little attention and value to and that's rehabilitation. The addict, we want to get him chemically free and send him back out to the society. The dealer, we want to punish. When we think the punishment has been adequate, send them on back out to the society.

I think that more attention needs to be given to sending a changed person, a person whose values have changed and lifestyle has changed, back into the society. Otherwise, when we think in terms of how many repeaters we have, we have persons dealing in drugs who have gone into our criminal justice system and come out as many as eight times, just circle around and just circle around. The only way to break that cycle is to raise the value and attention

and resources to be put into rehabilitation, comprehensive rehabilitation. I hope that sometime that sort of thing may be spoken to and that certainly is where the church is.

Mr. JAMES. Reverend Gibson, on the Nightline show that Ted Koppel did, our chairperson, Congressman Rangel attended. The real interesting point was, although we've been challenging the church to do more, a young man who had been through the whole system said the only program that was able to free him from drugs was a church program where it dealt with just stopping, the mind issue as opposed to a profit motivation for those who sell and profit motivation for those who treat.

The other movie, A Piece of the Action, said, "You don't want us to be cured. You don't want us to be well. You'd be out of a job." So, there's a profit motivation on both sides. But he said it was the church that took him off of it.

Ms. PERRY. Also in the country, I can give more commitment to punishment right now to rehabilitation, which is the other great concern. I think that our community is sort of schizoid. They have to make up their mind what they really want. There's collusion going out on our community. Say they want decriminalization but they have their sons out there hustling drugs and the parents receiving some of the moneys that they make on the drugs. So, I'm saying that there has to be a real focusing in on just who's going to be a part of this army if you say that really decriminalization is not the answer. I don't see that right now in our community. I don't see that focus. I see a real diffusion of where people really want to go in our own community. It cannot be done unless they focus in.

Chairman RANGEL. Well, Mayor Perry, what we are saying is that we just hope that energetic and eloquent people like you could concentrate on this so-called war that doesn't exist. Charles Schuster is here and he would tell you that, for some reason, this administration has said that rehabilitation should be handled by the States. Such things are law enforcement should be handled by local and State.

You could tell me that you want Federal legalization. Then you'll have to tell the Governor to give you the resources or the mayor to give you the resources. I don't know how many people enter programs to be rehabilitated. But I see a lot of people in the community just saying, "I'm tired of it." They have a heavy habit. They just need to get in out of the cold. They just need someone to talk with. They need some peers to exchange problems with and reduce their habit because it's just too much and they want to get hurt. They don't want to commit crimes, they just want someone to talk with. Their family doesn't talk with them anymore.

But when they are discharged, and I think this is what Reverend Gibson has said, just what has been discharged? Suppose they do feel a spiritually that they want to cleanse their mind and body. They can't do anything. They have no job skills. They have no job. They have no resources. So they come out, as many of them have come out of prison, clean, but with no one to talk to.

When we talk about the Federal effort, the most dramatic point is an increase in block grants for Governors. If the Governor has no program, and that was illustrated on the Nightline program re-

garding legalization, my mayor says he didn't think he had a moral responsibility to do anything. He takes care of police. "Put them away in the foreign legion," he has said. The homeless don't want homes or jobs. He's handling police and Governor Cuomo handles rehab. That's that. That's not right.

Mr. CLARK. Well, Mr. Chairman, if we look over the years, in the last 20 years, at the amounts of money that have been put into law enforcement and compare that with treatment or rehab, there's no comparison. So, we still don't know really what can be done in the area of treatment and rehab because we've never put all of our resources, enough at least, into the area to really find out.

I think also that rehab has to have within it a spiritual element that includes education and skill training. What happens with local programs, you get barely enough money to do your treatment and if you try to add a skill training component or an educational component, it's almost impossible to do. So, the treatment programs are not complete, which they do have the potential to be.

If we look at Phoenix House, which is probably one of the most complete in terms of having a whole cycle, what they've been able to do, we've been trying for years to add a component for training, skill training and development as well as education to our treatment part of our program. It becomes very difficult because of limited funds.

Again, I would say that if we had exhausted completely all of our efforts in rehab, then perhaps we could entertain the question of legalization. Until that point, I don't think we should even be talking about it.

Chairman RANGEL. You have corrected me. Let me say this, Ron, and I just made a fatal error, what you said is 100 percent correct and I don't even want to change it anyway. But I even have fallen into this trap in thinking about rehabilitation as we talk about drug rehabilitation. That's what I was talking about. What you were talking about doesn't even exist. You're talking about a total rehabilitation program. We don't do that. We just talk about taking them off the street, maintaining them, cleaning them up a little bit, letting them go out, letting them come back. It's revolving door.

Again, this administration, and perhaps the next no matter who is President, will tell you that we don't have the resources to invest in people. In other words, I think we all would agree. If you can give someone a decent home, a decent education, a decent opportunity to be able to believe in family and church; if you can convince them that you lose more in taking the gamble and risk of dealing with drugs compared to being in a welfare hotel or being transferred from foster care home to foster care home by telling them, "Just say no to drugs," you need to know drugs may be a way out of the pain and the misery.

Reverend, I don't want to cop out and say that it's a church problem. But there's no question in my mind that when you talk about the suffering that youngsters have to face, and I'm sick and tired of people talking about how good it was and these kids have it, because the fact is these kids have a rougher road to travel in getting by these drug dealers and by the pain and suffering of our day.

You know, for my generation, not to have a father was no big deal. But now, they don't have fathers or mothers and they're trying to survive in this society. That's why Mother Hale, she's raised kids all of her life before it was institutionalized and now she's getting them as infants. She's got a waiting list for babies and she has the courage to take them. Foster parents, who used to have the love, now they want to know what ward the baby came out of. If the baby came out of a ward where somebody was addicted, they don't want to touch the baby. "Well, we don't want to take any gambles."

If the baby has been there for 3 or 4 months, what do they call them now? Boarder babies. They're kids; $500 bucks a day we're prepared to spend in reimbursing the hospitals because no one wants to pick up that child. I admit that politicians and public officials should come forward, but what a spiritual question. I mean even Jesus was denied a place to stay and now we find children facing the same thing. No place to go.

In any event, this has been a real challenge for me. We have two more questions and I'm going to ask the panel to excuse me. Those bells mean that the welfare bill on which we have worked so hard is up. My vote is really needed at this time. After that, will be the Omnibus Narcotics bill which will have resources for many of the things we are discussing.

For those of you who would like to come to the House Chamber, my office has passes that would allow you to come there to the Capitol and see us debate at least for the next couple of hours the drug bill. Of course all of you—not only is this record open for your invitation, but I hope you will feel free to write me directly if you've had some thoughts.

I can't thank you enough for coming and providing the forum for this exchange. But to the panelists, and especially to Mayor Perry, I want to thank you for your input and let you know that I'm not going to wait for the next Congressional Black Caucus weekend to bring you together. I think that we help each other in sharing our experiences and it makes us better legislators in the Black Caucus. I thank you.

I'll ask Mayor James to take the chair for me. Thanks again.

Mr. JAMES. Thank you, Congressman.

We have two left and as soon as the Congressman leaves, we'll call on your there.

Ms. YOUNG. I'm Susan Young. I'm kind of disappointed that Congressman Rangel is going out because he's one of my heroes. I understand the reason.

Mr. JAMES. And the reason he's leaving is to continue to be that hero.

Ms. YOUNG. I understand that.

Mr. JAMES. But thank you for waiting for his departure.

Ms. YOUNG. I have two points I want to make. I should say I'm a mother of a young recovering abuser, thank God, who is now in college and just won a big national prize in journalism. I'm the organizer of a program that will be starting shortly of parents here in the District against drugs.

I would like to say that I object to those who are proponents of decriminalization framing the argument as narrowly as they have

done so on strictly criminal economic grounds. I suspect them of the luxury of never having had a child in their home whom they are watching going down the tubes. I suspect they have had the advantage, even if they have had somebody in their home, of treatment centers available to them. I suspect that they have never listened fearing the telephone at night, afraid that it might be a call that their child has been injured or killed. They may never have heard these sirens at night of a police car fearing that it might be coming about their child.

I'm angry that they have so narrowly cast the tone of their decriminalization as to forget the effect on the family and the community because that is something that those of us who are out in the community do not forget and cannot forgive.

I would like to suggest to this panel that the economic costs are considerably broader than the proponents of decriminalization have placed it as strictly a criminal problem.

HHS came out a few years ago with a study called The Economic Cost to Society of Alcohol, Drugs and Mental Illness. If Dr. Schuster were still here, and he just told me that they're about to have a new version of that, it seems that their figures show that there is a much greater cost to society arising from non-criminal justice factors than criminal justice factors. Some of them included loss of jobs, loss of future earnings, early deaths. There's a whole long list of costs that they have factored out that are two and three times the cost to society that criminal justice problems cause. If criminalization and decriminalization were allowed, those costs would surely increase very considerably.

Second, I call one component of that cost to your mind that I noticed in the paper not too long ago. In Baltimore not long ago there was a study made of persons who came into the Baltimore Shock Trauma Unit. They were checked, their urine or their blood was checked for alcohol and for drugs. It turns out that a higher proportion of persons coming into the shock trauma unit had marijuana in their system than had alcohol in their system. They did not even test for other drugs.

If that is the case, then the economic cost to society, if extrapolated on the costs of alcoholism in terms of accidents alone would have to be increased very considerably by the costs due to accidents arising from marijuana and other drugs which are not currently caught at all.

I would like to propose those as just a few of the larger costs. I can't even speak of the spiritual costs to the family and to society as a whole that are not being addressed. I strongly recommend to this panel that you consider not only the criminal costs but these larger costs to society that would certainly be incurred if decriminalization were to occur and drugs be allowed to spread further.

Thank you very much.

Mr. JAMES. Before the members of the panel respond, I certainly want to thank you on behalf of Congressman Rangel. As we shape public policy, certainly we will need testimony not only from those who deal with it from an academic standpoint, but the abusers, the users and all of the other principals involved as well to really come up with that public policy that will be translated into some action program to bring about some regress.

As we've been here all day, as a fan for 20 years and a season ticket, I'm thinking about Lawrence Taylor losing $60,000 a game for his right to experiment with drugs. We can just see that in a small amount.

So maybe some of the panel members would like to comment. Mayor Perry?

Ms. PERRY. I'm just compelled to respond briefly to your comment about those of us who want to explore decriminalization as never having felt the pain. I think that's too absolute a word. What makes this such a horror is the pervasiveness of it. There are not too many people in this country who have not had the experience and the pain and the anguish that you have had.

So I think in this dialog, some assumptions have to be a little bit more courteous and that because we're on the opposite side or in this debate, it doesn't mean that we have not experienced some of the same unhappiness.

Ms. YOUNG. Mayor Perry, I didn't know—oh, I'm sorry.

Mr. JAMES. Let me call on Reverend Gibson.

Reverend GIBSON. I simply want to say that the closer you are to those who suffer, the more it makes you wonder about anyone who wants to open up drug use and securing—it's almost like legalizing murder simply because people are killing people. So you say, since they're killing people, let's legalize it and let them go ahead and kill.

Drugs are so devastating to individuals and families that we hope that it isn't simply out of desperation that you say legalize or decriminalize. I think sometimes we do speak unfeelingly. I wouldn't want to do that and I don't think anyone else would.

Mr. JAMES. Yes?

Dr. STAGGERS. I certainly support what the speaker, questioner, mother had to say about the economic costs. There is no question. There are good figures available that shows what the economic cost of drug use is. And yet the thing that stirs me is how we have had the inadequate treatment, education prevention, rehab, that sort of thing, comprehensive treatment facilities. We have not had that real thrust.

I think unless we turn our attention to making sure that the money goes to where it is needed to and the resources, not just money—that's what we talked a little bit about community resources. What sources are available in the community that can be used in this "war" that will help in prevention, education, treatment and rehab that we must do?

I am grateful to the proponents who brought the legalization issue to the forefront because otherwise we would not be here discussing this issue and we would not be having a chance to bring it to the conscience of the nation and whatever their motives may be, and I think they're honorable, we should respect that and deal with the issues and not with the individuals.

Mr. JAMES. If you have any further comment, Congressman Rangel stated he would love to be in receipt of any written opinions in order to aid his committee. I think he certainly would appreciate some of the remarks you made. So, if you could draft them and write them and just please submit them to his office.

Ms. YOUNG. I'd be happy to do that.

Mr. JAMES. OK. Thank you very much.

The last speaker, please.

Mr. CONOVER. Yes, good afternoon. My name is James Conover. For the past 14 years, I've acted as a drug and alcohol abuse therapist and educator.

I'd like to raise a couple of points and maybe even respond to some statements that I've heard from the panel.

In response, I'd like to say that I agree that each individual who chooses to use drugs or alcohol and become addicted to those drugs suffer in three major areas, psychologically, physically and spiritually, and all three of those areas have to be addressed in treatment.

The area around rehabilitation, I have found out in my past 14 years in working with adolescents that are recovering from drugs and alcohol as well as adults that sometimes it's very difficult to rehabilitate a person who has not been socially or economically habiliTate.

We mentioned about the revolving door process, individuals coming into treatment, they're there for 28 days or so, they're discharged back to their communities and they come back in to treatment again. We ask, "What's going on out in the community," and we go out and find out that they don't have adequate housing, adequate employment. Sometimes the families don't receive them adequately and so forth.

I'm beginning to wonder if our society, because of the pervasive use of drugs and alcohol, if we are becoming a dysfunctional family. When we have individuals coming in to treatment, we work with them to try to help them change their lifestyles and attitudes around using drugs to solve their problems. Then we try to bring the families into the treatment setting to help as a holistic approach. Sometimes the families are very resistent to the education components of treatment, to the therapeutic or the medical situations of treatment.

So I'm beginning to wonder if our society is becoming that way to the point where we're having some individuals say, "Let's legalize or decriminalize the use of drugs in our country," and the other component is saying, "Let's not do that."

I have worked with over 3,000 high school and junior high school students here in Washington, DC in trying to bring to them the facts around using drugs, tobacco and alcohol, how that use, if they decide to do that, will effect them mentally, physically and spiritually and in terms of their growth and development. I have spoken with over 2,000 students down in North Carolina during a session for the Future Homemakers of America. I worked with over 200 students and adults or young adults and adults at treatment programs these past 14 years.

I guess I'm just wondering, what is it that we will say to those individuals that aren't here today if we should decide to reverse a course of action and legalize the use of illicit drugs and allow the continued abuse of legal drugs?

I think that we need to be very sensitive to the needs, desires and attitudes of those people who really do not want to see legalization of drugs in our society. I guess I'm speaking on behalf of those young people.

I'm out there on the front lines everyday, listening to the pains of the mothers and the fathers, the sisters and the brothers, and what have you. A lot of times they ask me, "Well, what are they talking about in the Halls of Congress or in city hall or the council chambers?" I say, "I don't know, but I'll go and find out and when I get the information I'll bring it back to you."

I've been coming to the select committee hearings for quite some time and I go back to the students in the schools and I share with them what I'm hearing. Also, Congressman Rangel's staff sends me material so I don't misquote him or the panel. I'm saying this, that a lot of these students and young adults that I'm coming in contact with do not like what is being said about the possibility of legalization of drugs. I also agree that we need more programs for treatment that are comprehensive and will address the whole issue and not just a part of the issue.

Thank you.

Mr. JAMES. I was elbowing Mayor Perry. I was going to say Congressman Rangel would say, "Thank you for having an open mind."

Ms. PERRY. I just wanted to ask a brief question about a term that you used because Domingo Lobo in the audience said it to me earlier. It's not rehabilitation, it's ahabilitation?

Mr. CONOVER. Habili Tate.

Ms. PERRY. Could you just——

Mr. CONOVER. Well, for example, when we have an individual coming in to treatment, we'll try to identify what the underlying problems are and find out how much drugs they've been using, how it's effected their body and their brains and get them medical treatment for those areas and then give them lifestyle education on how they could cope with the problems, decisionmaking techniques, values clarification, attitude change. Then we discharge them back to the community from which they've come. We try to set up a continuous treatment program for them out there. That's ineffective at times.

Then we try to—well, let me say, with the continuous care we continue to interact with the individual weekly for about a year and we try to find out what's going on with them as they try to fit themselves back into the mainstream society. They still are unemployed. They still are unemployed. They still do not have a skill, a marketable skill to get an honest job in order to help them with that particular need of employment. He or she may not even have had those skills before they came in the treatment.

Mr. JAMES. Let me jump in and say two things.

Now, first of all, the majority of this panel, I can't speak for the one on the 29th, would hope that we never reach the point of your first concern, that there will be a legalization of drugs.

And then, the other point you made about a better program, a better war against, that has been the big debate because Mr. Clark stated earlier all the things that should be done, and it was agreed by our chairperson that the moneys are not there to do all the things we should do. You talk about the importance of involving the family in the rehabilitation. I think we all would agree. How, and the costs are concerns not being addressed today.

I think it was at that point we said the programs we have in the city of Newark are called Methadone Maintenance. It didn't say Methadone Cure. It didn't say Drug Free. It said, Methadone Maintenance. We will continue your habit, so you don't have to rob Sharpe's television set or shoot another one of my sons or things of that nature. We'll just give it to you so you don't have to go out there and steal.

But, your greater question there, a better program, a better war against the drug, that's the reason we're meeting today. We haven't come up with those solutions at the national level, the national priority, the national dollars, what to do. But, hopefully, from the dialog we're having today we will move into that.

Reverend GIBSON. Mayor Sharpe, if we seriously address the rehabilitation question nationally or locally, we may discover that we are not talking about nearly as many new dollars as we think. The fact is, we have the agencies in place that are the components of a comprehensive rehabilitation program. You have your social services. You have your employment agencies. You have your educational institutions. We know the type of system that supports a human being. That's not something for us to discover. We know that already, what it takes to support a human being in this society.

Well, the user and the dealer are already supported by systems that continue their habit. Our job is to bring to bear other support systems so that that lifestyle can change and yet still have friends, still have family, still have people to talk to, still have people to run around with, or whatever. That's our job, and we have the agencies already in place. If they were brought together even for an experimental attempt at comprehensive rehabilitation, we'd be surprised. We're not talking about a lot of new dollars. We're talking about cooperation of resources that we presently have.

Dr. PRIMM. Mayor James, I'd like to add something and maybe make a statement to correct what I see that might be out here as a misunderstanding of what drug treatment is all about, and particularly all the chemotherapeutic treatment.

So many people have found their way to abstinence, secondary to, if they're alcoholics, through the use of antibuse, for example. If they're heroin addicts, through the use of Methadone, from Methadone maintenance to abstinence, period. There are no Methadone maintenance programs in this country that are designed to have less than adequate rehabilitation. They all are supposed to have rehabilitation associated with them. Those programs that do not have rehabilitation associated with them are those programs that are run poorly and that are monitored poorly.

In your town where you have Methadone maintenance programs, you can see to it by the State of New Jersey, by the Food and Drug Administration that are responsible for the monitoring of those programs that they do have ongoing counseling, ongoing vocational counseling, ongoing educational reference to—and make sure that those support institutions through that treatment program are responsive to those people's needs. I think that programs that are designed medically and research has gone into them have helped people to succeed all over our Nation, whether they be Methadone

maintenance programs or any chemotherapeutic program as well as drug free programs.

I think it's a misnomer and it's bad for the public to run down, maybe inadvertently, run down a modality of treatment that has proven effective for a number of individuals when done properly.

I want to make that quite adamant.

Mr. JAMES. So you're saying we have to evaluate each program, but the goal is—because I felt good just listening to the young man's—like you hear me talking about the counseling thereafter and everything else. So, I would agree with you, Doc. Primm.

Dr. PRIMM. Twenty years ago, I called for a supermarket of services when I opened up the Methadone maintenance treatment program. I had education, I had legal assistance, I had vocational training, vocational guidance. I even got a grant from the Federal Government at that time to open up a skill center to train addicts. I coined the phrase "habiliTate." Rehabilitation, I could not do in those Brooklyn addicts that this young fellow was talking about. I coined that phrase and I resent here today people talking about these Methadone maintenance program this and these Methadone maintenance programs that. I mean it may be some are good and some are bad and what we need is a supermarket of services that will help people get off drugs no matter what that is. It could be God, it could be a candy on a stick. Whatever it is in order to bring them to the point where they are functional in society.

I don't want everybody to become a doctor or a prosecutor or mayor for that matter. I want people to become functional and embraced again by society. We do that using all kinds of tools. One of them happens to be a chemotherapeutic took called Methadone maintenance.

Mr. JAMES. I think I've found me a good consultant too, Doctor. Dr. Johnson.

Dr. JOHNSON. I wanted to respond to some of the issues that have arisen concerning the comprehensive nature of our approaches to the whole issue of alcohol and drug abuse problems.

We do have a small pilot project within the Office for Substance Abuse Prevention that does look very comprehensively at issues. I want to point out that several of the other departments are very interested in working with us. I've called a meeting with Labor and with other agencies within the Department, with Justice, with Housing and Urban Development and with Education. They very willingly came and very willingly gave support.

So, what we're attempting to do is to launch pilot projects around the country. We've received letters from mayors and from Governors who have indicated that they do want to set up a very comprehensive strategy. So I think you're really on target and that's something that we want to do. It's a very small program at this point in time, but we'd certainly like to expand it and, should funds become available, we will be doing that next year. I just wanted you to be aware of that.

Mr. CLARK. My point earlier about the problem is not one of drug addiction but one of miseducation or the lack of education. J. Carter Woodson said close to 50 years ago, when he wrote a book called the Miseducation of the Negro. We could talk about today the miseducation of the American people in terms of understand-

ing how they live their life in a spiritual and moral way, in a way that they understand who they are and what their relationship is with their fellow man and how you do not destroy yourself on the way.

I think that some of the things that these people are talking about is the things that have to take place in programs. I agree with Dr. Primm because I was there some 20 years ago in Brooklyn. When we talk about a more comprehensive program, which some of us have been doing and understand the need for, for instance in RAP it's impossible to finish the program without a GED. It's very obvious that you can't take an addict who is reading on the third and fourth grade unless you change that and bring him to a certain level, at least to a GED or further education so they can continue on once they leave the program or else you're going to see that person again.

It was very heartwarming today when I walked in today and I saw one of the cameramen from WHUR who was a graduate from RAP of 1973. To see young people like that, doing those kinds of things, are all over this country today.

So, it's understood that we're talking about a holistic approach. The question again is whether the local government, the Federal Government is ready to support financially a holistic approach that allows you to take a person from point A, an uneducated, miseducated person, to an educated person into understanding of life and what it takes to live in America today and survive as a human being and raise a family and be true to yourself and your community and put that person back in the community where they're ready to do that.

Mr. JAMES. Thank you.

Our final comment by Essex County prosecutor, Herbert Tate.

Mr. TATE. I would like to direct your attention—in my testimony I mentioned two working documents that the State of New Jersey has put forth. First was the Governor's Blueprint for a Drug Free Society.

In that blueprint, the conceptual foundation revolved around the establishment through the Governor's cabinet. That is, all State agencies which effect human services of some kind, be it the Labor Department, Human Services, Community Affairs, the Attorney General's Office, into an alliance committee designed to now utilize existing resources that would come together through an executive director and a working administration to coordinate all of these services toward trying to have that effective follow-through for drug rehabilitation and support group services, be it job market, education, whatever.

I'd ask you to look at those documents or to call for them because they're public information. They're available. If you wrote me, I would send them back to you. In there you would see that the conceptual foundation has been laid. The State attorney general's action plan in terms of the supply side for drug enforcement has also not just been conceptually laid, but is now in the fourth phase of implementation from local, county, and State law enforcement agencies, to give you an idea that we are now just getting onto the cutting edge of dealing with a comprehensive approach to drug rehabilitation and drug enforcement in the State of New Jersey.

One thing we've got to keep in mind. This problem has been over a generation in the making. We know that it's going to be at least that long before we start to really have the type of effect that we turn the tide and are really cutting back into this. This commitment has to be sustained. It has to be looked at in terms of long-range.

So, we can't give up because we have limited dollars here, limited dollars there. We're falling into a trap here and I don't want my colleagues on this panel to think that I think I'm more important than they are and that the money should come my way and not their way.

My point was when I learned this morning that the Federal Government was making available $35 to $40 billion to bail out some savings and loans in Texas and they say that they don't have the dollar resources for human life that we're talking about on the scale, I have a problem with that.

So, what I'm saying to you is if you want to look at a plan, we've got it in New Jersey. If you want to know about dollars, we're not competing here. I don't feel that I'm competing here. I'm saying the pie has got to be made bigger because this really is a symptom, not a cause of a larger program in this society.

Mr. JAMES. In behalf of Congressman Rangel, let me thank the audience for staying with us and also thank the members of the panel. Thank you very much for being here.

[Whereupon, at 1:21 p.m., the meeting was adjourned.]

PREPARED STATEMENTS

STATEMENT OF

THE HONORABLE CHARLES B. RANGEL, CHAIRMAN

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

FOR HEARING ON

"DRUG LEGALIZATION: CATASTROPHE FOR BLACK AMERICANS?"

SEPTEMBER 16, 1988

Good morning, ladies and gentlemen. I want to extend a special welcome to those of you attending the Congressional Black Caucus Legislative Weekend activities.

Several months ago, exasperation with this country's worsening drug crisis reached a new and disturbing level. Discouraged by revelations and allegations regarding foreign leaders like Panama's General Noriega and Colonel Paul of Haiti; frightened by the marked increase in drug-related killings and the threat posed to innocent citizens from warring drug dealers; concerned about the increased flow of drugs across the border into our country; some of our leaders at various levels of government began calling for a revision of U.S. drug policy.

At the center of what now has been an ongoing debate on U.S. drug policy is a call that we consider legalizing drugs in the United States. Those who advocate a look at this radical approach to our drug crisis want to believe that if we legalized drugs, all the problems associated with the drug trade -- the murders, the young kids dealing in drugs, the corruption at home and abroad -- will disappear.

I am stringently opposed to anything approaching the legalization of illicit narcotics. But as the Chairman of the House Select Committee on Narcotics Abuse and Control, I have felt a responsibility to allow those pushing this issue to come before the Congress and the American people and explain to us just what type of drugs they want to legalize and how they could do it. Strangely enough, I have never heard anybody advocating legalization tell us how they would factor in the crack crisis that has gripped the country -- especially our Black and minority communities in urban America. And that's why we are here today, to discuss what legalization would mean specifically to Black America. Later on this month, we expect to explore the legalization issue in more detail, but today we are going to focus on legalization and Black America.

Why is it important to discuss this critical issue in the context of Black America? The overriding reason for that is that we have known the sorrid facts for some time; America's drug crisis has been magnified in the Black community.

We have watched many of our young kids turn to dope to cope because they are without hope. Young Black children who have the capacity to become doctors and lawyers and engineers and scientists have given up today's traditional character -- working at summer jobs of flipping burgers and ringing cash registers in exchange for the street corner

hustling of cocaine and crack and marijuana. From welfare mother sitting at home with nothing to do to kids from good homes and good neighborhoods to our growing class of young professionals, Black America has watched and weeped as many lives have become twisted and have been sniffed out by the powerful lure of drug addiction. Under conditions that would make drugs cheaper and more readily available -- as legalization would do -- do we want to further these genocidal problems that we already have as a result of drug abuse?

I have said on many occasions that those who are advocating legalization under the premise that we have lost the war on drugs are misguided. Their intentions may be good, but their analyses at this point have pushed us further away from even beginning the war on drugs that they say we have lost and that I say we have not yet begun. How can we even come to the table and talk about giving in when, in fact, we have not used all the tools at our disposal? We have not fired the first shot. So we cannot even begin to consider giving in, as we would be doing under legalization.

The witnesses that we have assembled here today are a distinguished lot representing the annals of politics, law enforcement, the treatment and social professions and the Federal Government. What we hope to accomplish here today is to initiate a very open and sincere dialogue on a

national, really international, issue that affects us directly as a people. There has never been a more critical time than now for the leaders who represent Black America -- both elected and selected -- to come together. hearing, workshops and forums such as this one are important tools in helping us find answers to relieve Back America from this stranglehold of self-destruction.

Before we get into our subject and begin to hear from our illustrious guests, I want to give you some indication of how serious the drug problem is in Black America. We cannot intelligently and seriously look at any aspect of the drug problem in the context of Black America without having some ideas as to the severity of the overall problem.

When we examine drugs and Black America, we begin with cocaine. In a report issued by the Department of Health and Human Services just last summer, we discovered that the number of Blacks using cocaine more than doubled from 1982 to 1986. In my own State of New York, it is estimated that one of every three users of crack is Black. Nationally, we may be 11% of the population, but at least in New York we are 33% of the crack users. In San Franciso alone, according to the same report, nearly 60% of the cocaine-primary caseload of people enrolled in county-supported treatment programs were Black, -- more than double the percentage of whites in the same treatment

category. And, in Detroit, in a city where our young black kids have been taking each other out like cowboys at Dodge City over drugs, eight of every 10 cocaine treatment admissions and nine of every 10 crack admissions are Black.

When we politicians and social observers say that drugs are killing Black America, we are not engaging in hyperbole. Of the many victims of fatal encounters from drug use as reported in a 1986 survey of 27 Metropolitan areas done by the National Institute on Drug Abuse, 25% were Black. That is more than twice our percentage of the population.

The drug trade is a $110 billion a year industry. If you factor in the representation of Blacks among victims of drug-related overdoses, among inmates in prisons overcrowded with drug offenders, and among the tremendous number of drug users in this country, you could safely assume that we are paying at least a third of the freight to keep the drug trade propped up in America. A third of $110 billion is $36-40 billion, and Black America needs to find something more meaningful to do with its economic power than that.

Finally, when you look at the drug problem and Black America and want to talk about legalizing these illicit drugs, consider the devastation AIDS has imposed on our community. AIDS is a fatal disease that is transmitted

chiefly through sexual contact and through the sharing of needles and other implements during intravenous drug use. And for Black America, the biggest factor in AIDS transmission is IV drug use. About 35% of Black and Hispanic AIDS cases are the result of drug abuse.

Ladies and gentlemen, the facts do not lie. And what they tell us here is that we better figure out solutions quickly or we will have no future to plan; no generation to nourish.

We may disagree about whether or not legalization will reduce violence and crime. We may have differing opinions on whether or not it will eliminate corruption and put the South American drug traffickers out of business. But one thing we cannot dispute is the fact that legalization would make drugs cheaper and more readily available, and the questions is, "Is this really the situation that we would want to set up for ourselves?"

I look forward to hearing from our panels on that issue today. We may not, and probably will not, end up having <u>all</u> the answers today, but at least we will have moved one step closer to a solution by having this frank and open exchange here.

I want to thank each and every one of our witnesses for coming out. And to those of you in the audience, let me say to you, your concern about this important survival issue is very much appreciated.

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Testimony of
W. Wilson Goode, Mayor
Philadelphia, Pennsylvania

Before the United States
House of Representatives

Select Committee on Narcotics Abuse and Control

September 16, 1988

Mr. Chairman.

I come before you to discuss an issue which is, without question, the most critical one which has faced our society in the last decade. Drugs have invaded our homes, our communities, and our entire nation. They have turned our playgrounds into battlegrounds, innocent children into helpless victims, and cities of promise into cities of peril.

Within the last few years, we have watched how cocaine and crack have now become the lethal enemies of our society. That is why we have declared war ; that is why we are mobilizing our neighborhoods and marching through our streets; that is why we are sealing up drug dens, arresting pushers and users, and enlisting every branch of our community. We are committed to winning this war.

But, there are those who propose that we surrender. They would have us believe that our efforts are futile, that we cannot win the war, that the only solution is to legalize drugs - the very element which is destroying our society. They would have us believe that to concede is to cure, that increase will result in decrease, and that hindsight is better than foresight.

These contentions are erroneous and ludicrous. There is no redeeming factor in such an argument because there is no redeeming quality in a drug that robs our children of their youth and threatens to murder the dreams for which we have struggled.

Proponents of drug legalization argue that drug abuse would decline, the crime rate would decline, and drug trafficking would be eliminated. They say that more emphasis should be placed on treatment than on prevention and apprehension. I take issue with each of these assertions.

If we look carefully at the lessons of history we we can see that the legalization of drugs would not curb drug abuse (among blacks or among black youth). Instead, it would result in the perpetuation of addiction and an increase in new users as it did after prohibition. Current addicts would be given no deterrent or incentive to discontinue usage. According to medical experts, there would be an upsurge of new users because of the availability. The "forbidden fruit" theory would be inoperable because a reduction in usage would not ocur due to the addictive nature of cocaine and crack. We must not be misled; drug usage does not merely occur out of arbitiary choice; it occurs because of physiological and psychological dependency.

The massive addictive qualities are evident in reports submittd by hospitals and rehabilitation centers which currently are experiencing an increase of 243% in cocaine admissions in just one year (Dr.Maurice Clifford, Health Commissioner's Report - Philadelphia, 1988). This addiction level will not dissipate merely because of availability. By any logical analysis, it will increase.

Further, increased usage will occur because of perceived governmental encouragement to continue or experiment. The message the government would be sending is that legalization equates to safety; this is an erroneous equation. Even if proponents contend that the equation does not exist, the government would be sending mixed messages as it now does in regards to alcohol and cigarettes. In fact, these legal drugs are now being considered for criminalization because we have now realized their detrimental effects and are trying to rectify them ex post facto.

The legalization of alcohol has resulted in increased usage and increased direct effects on society - e.g. drunk drivers, child abuse, wife abuse. As a result, we now find ourselves constantly implementing educational, rehabilitative, and preventive programs for alcohol and cigarette usage. For the government to foster a detrimental habit, then to provide aid for that habit is a contradictory action. In the case of drug legalization, we would be repeating an illogical and contradictory action.

Proponents of drug legalization point to the fact that, according to statistics, alcohol has caused more deaths than cocaine and other drugs collectively. This assertion is questionable since there is no conclusive statistical study to attest to the exact number of drug-related deaths since such deaths are difficult to detect.

Further, alcohol -related deaths are, without question, a direct result of its legalization. That is why society is now waging a campaign to thwart the use of alcohol through advertising, rehabilitation, and mass media health warnings. To point to statistics regarding alcohol does not prove cocaine legalization would be less detrimental. This situation does not at all prove that cocaine, heroine or crack is not as dangerous , only that these drugs have not been researched and studied sufficiently. Consequently, if they are legalized, their potential for inflicting detrimental effects is , at present, indeterminable. Therefore, we cannot take comfort in the erroneous analogy.

A frightening fact is that the addictive quality of cocaine and crack is much higher than any other drug our society has ever known. Ninety percent of users of cocaine become addicted and, if the drug is legalized, the rate of users would increase four to five times its current level (William Von Rabb, U.S. Customs Office, ABC Interview, 1988). User dosage requirements would also increase as the body would become more tolerant of the drug, whereas with alcohol the addiction level is less than 40%. In fact, cocaine addiction occurs more rapidly than alcohol addiction due to the pharmacological nature of the drug and the variety of routes of administration (Mark Bencivengo, Department of Public Health, Philadelphia, 1988). As was already proven in the Netherlands' "Great Drug Experiment", legalization would encourage addictive behavior (Dr. Rosenthal, Phoenix House, ABC Interview, 1988).

Currently, according to the National Institute on Drug Abuse, the average age of first time drug users in the United States is now thirteen. In just three years the number of high school seniors who use cocaine daily has doubled (National School Boards Association report, "Alcohol and Drugs in the Public Schools : Implications for School Leaders," April, 1988).

In spite of the proponents' contention to the contrary, legalization of drugs would mean that adult behavior and usage would be condoned by society. As a result, children who normally pattern their behavior after adult role models would be given the signal that drug usage is acceptable behavior. We have already seen this scenario of influence with alcohol and cigarettes. Our youth aspire to take on the behavior of "adults", whether legalor illegal. Must we repeat the error for a more risky and deadly element?

Moreover, legalization would detrimentally affect the future and potential of Black America in terms of employment, education, and income. Studies have concluded that substance abuse contributes to the school drop out rate, teen pregnancy, child neglect, and the dissolution of family. More than half of all adolescent suicides are drug-related. Physiologically , drugs affect the central nervouse system, motor skills, brain chemistry, memory capacity, and can induce psychosis. Given these facts, drug usage can be seen only to have a devastating effect on the future economic stability of Black America when the domino effect is applied : learning capacity is diminished and/or interrupted; therefore, employment preparation is forfeited; therefore, income stability is restricted, if not nullified. The end result is the perpetuation of poverty, economic dependency, and family deterioration.

These factors then impact on society in that the victims of this cycle resort to illegal, quick-money means of support - e.g. prostitution, theft, illicit black market drug dealing. We ned only look at the effect drugs have had on some of our prominent professional role models . People in responsible positions have forfeited their futures and their lives. What then would happen to people of lesser fortune?

Drug legalization would further aggravate the health problems of Black Americans. Medical studies have shown that certain minorities are more susceptible to medical problems than others. Among Blacks, high blood pressure, sickle cell anemia, and lactose digestion are paramount. Drug legalization would open the door to unmonitored medical effects.

Primary among these would be the greater possibility of strokes and heart attacks because cocaine increases the heart rate and blood pressure which, for some Black people, are already at problematic levels which could more easily result in fatality.

Drug legalization would not alleviate the illicit market nor decrease crime. The purity of the drug would then be regulated , and more than likely the lower legal level would be insufficient to meet the addict's need. Therefore, in order to satisfy the need (either due to potency or quantity rationing) , he would resort to the illicit drug market. And, depending on the cost of the drugs when taxes are added, it may be they would be too expensive for many users to purchase, especially addicts who are so debilitated that they are unemployed.

Therefore, they would resort to crime to support their habit. If, in fact, the cost is extremely reasonable, acquisition then would become more accessible even for children. Just as there are difficulties in restricting the purchase of cigarettes and liquor by minors, so too would there be difficulties in restricting the purchase and, therefore, the usage of drugs by minors. If, in fact, acquisition is made extremely difficult, minors would also resort to the black market for their supply. The bottom line is: as long as there is a black market, there will be drug-related crimes.

The logistics of drug legalization pose a plethora of flaring problems. Since there is no medical evidence of what we may deem a "safe" quantity of cocaine, we must question, what amounts will be distributed? Would not the government then be an agent of addiction and, in some case, murder? Another consideration is, who would be granted a licnese to sell? What would be the criteria or qualifications for licensing? Certainly this aspect invites criminal arrangements for profit and control. It appears there would merely be a shift from street lord control to corporate lord control. In other words, drug dealing would become solely a white collar operation.

This shift leads to some overtly socio-economic and, therefore, racial implications. For the middle class people, legalization would be a way by which to legitimize illicit behavior and protect those segments of their community which are involved. However, for the poor, legalization would provide an opportunity for society to turn its back on the reality of the problem.

There would be no incentive to do anything but apply enforcement on the "criminal" element - in whatever way that would then be defined. But above all, there would be no incentive for this group to seek prevention, treatment, or training. The result would be a destruction or social genocide of the lower class, the underbelly of society which America has tried to ignore historically.

We must consider the fact that anytime an issue is being debated involving criminalization, there are four guideposts which must be used as measures : 1) Is the solution effective? 2) What will be the indirect impact? 3) Is there a public voice of support? and 4) What are the costs involved?

These aspects have not been sufficiently addressed by the proponents of drug legalization. The public outcry opposes legalization, opposes any continuation of drug abuse, and opposes the destruction of society caused by drugs. Legalization is not a private, individual matter; it is a societal matter because it affects everyone.

The major proponents of legalization have only focused on one centerpiece - the assumption that law enforcement has failed. Therefore, they contend, we have to switch the battle from the Attorney General to the Surgeon General. A further assumption is that this switch would be cost-effective in that money would not be expended in the area of drug enforcement; instead, treatment programs would be the major focus.

These are false assumptions. If drugs were legalized, law enforcement personnel and funds would still be involved in monitoring juvenile possession and acquisition as well as in combatting the illicit market to cater to juveniles and others. If, however, no age or addictive level limitations were imposed, then there would be total drug anarchy and the police would then have an even higher public safety task.

The assumptions of the proponents are based on an equally false assumption that the law enforcement effort has been improperly waged. To the contrary, there have been significant battles won through the law enforcement efforts. But the larger war cannot be won if the battle is fought only on one front. The struggle cannot be limited solely to one means. We must attack on all fronts.

To this date, no proponent has specified the functional logistics of the legalization program. Allusions to international programs which have failed are unacceptable. Allusions to unparallel social legislation are unacceptable. Never before has this society been inflicted by such a debilitating and destructive element - an element which affects every aspect of the social fiber. Neither the young, nor the old, nor the unborn is safe from its effects.

Until the advocates of legalization can offer unquestionable specifics, they are only promoting slogans. They are only promoting shifting from foresight to hindsight. We cannot afford to mortgage our future on mere slogans. We cannot afford to risk the future of our children and this nation on a mere intellectual exercise and convenient slogan.

Instead , I submit that we must continue to fight in this war - and fight even more fiercely using a five-prong strategy. All aspects of our society must join in the resistance. We must build a wall of resistance. We must teach prevention. We must offer treatment and education. We must provide positive diversion for our youth. And we must mandate aggressive enforcement of all drug laws. The government, the private sector, and the community must join together. They must mobilize and work together so that no one slips through the social safety net.

We have a moral and social responsibility to all citizens - to protect them, to provide the best quality of life possible, and to ensure a secure future. The legalization of drugs contradicts these precepts and the very foundation of our government and sense of community. No war was ever won by surrendering. We must continue to be committed to winning this war. It can be done. It must be done. It will be done.

SHARPE JAMES
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NEWARK, NEW JERSEY
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TESTIMONY BY

THE HONORABLE SHARPE JAMES

MAYOR OF NEWARK, NEW JERSEY

ON PROPOSALS TO LEGALIZE ILLICIT DRUGS

AT THE CONGRESSIONAL BLACK CAUCUS

LEGISLATIVE WEEKEND HEARING

CANNON HOUSE OFFICE BUILDING

WASHINGTON, D.C.

SEPTEMBER 16, 1988

Drugs have reached epidemic proportions in Newark, as in other major urban cities. Most crime in these urban cities are unfortunately drug related. Nearly 85 percent of Newark's addicts are between the ages of 15 and 35.

I know of no greater crisis in our city than the challenge to rid our city of this great evil. A whole generation of young people are under attack.

While the danger of drugs may hold truth to many Americans, especially to those of us who witness consequences of drug abuse on a daily basis, there are others on the side of legalization who insist this "crisis" is a media-invented hype. We need only to look in our city streets, in our schools and workplaces to know that this is not the case. In the City of Newark, far too many of our school children use drugs. Juveniles selling drugs for dealers are the majority of drug agents around schools.

All of us here today owe a special debt of gratitude to the Hon. Kurt Schmoke, Mayor of Baltimore for helping to generate public debate on this issue. Had it not been for his courageous statement to the U.S. Conference of Mayors last April, many of us would not have had this opportunity to review our beliefs and practices, whether on the recent "Nightline" television forum or in this solemn setting.

The Hon. Charles B. Rangel, chairman, and members of the U.S. House of Representatives Select Committee on Narcotics Abuse and Control, thank you for the opportunity to speak on what I believe to be the number one problem in America today--the use and abuse of illicit drugs, and what the legalization of these substances will mean to the future of Black America.

Nowhere is this problem more prevalent than in the Black community where a whole generation of young people--tomorrow's future--is threatened by the open dealing and usage of illegal narcotics. Unless this epidemic is checked, this deadly menace threatens to kill off or maim more youths than all the wars fought in recent history.

The panic accompanying illicit drug activity stems from the drastic increase in recent years of violent crimes, often murder. At the same time, we have seen the emergence of a drug-related economy which allows young men, many in their teens, who could legitimately earn barely minimum wages, driving luxury cars and sporting expensive clothes and jewelry.

Fifteen Democratic Senators--your Congressional colleagues--led by New York Senator Patrick Moynihan, have issued a concept paper on drug abuse, noting: "We are talking about our future...young people are endangered, but most viciously and virulently, the young people of the inner cities. The violence associated with drug use could drastically alter American society," the paper states. In my own city of Newark, New Jersey, 76 percent of the reported crimes are drug related.

I have nothing but the highest regard for Mayor Schmoke, who is one of the new breed of local black officials. I can also understand his position, which reflects the frustration many of us feel with the failure of recent efforts to stem the flow of drugs. Yet, I cannot agree with him on this issue.

On the basis of my 16 years as a city councilman and two years as Mayor in New Jersey's largest city, plus my many, many years as a teacher and coach on the high school and college level, I must oppose any legalization of addictive drugs.

When I took the oath of office as Mayor a little over two years ago, I told the people of my city that I considered drugs oneof our greatest evils. Nothing that I have seen or heard since has changed that opinion. In fact, it has been reinforced. In my view, drugs will always be an evil, whether or not they are legal!

I can understand the desire to find some new way to reduce street crime, and to undercut the criminal empires that have grown fat on drugs deals in all the cities across the country. I know full well the toll of crime in the streets, and it is without a doubt the most pressing issue in my community. Several years ago my own son was shot and wounded by a band of young hoodlums who stole his coat while he was waiting for a bus. We can only surmise that drugs were a factor in that crime, as in so many others that occur in our city streets as young people attack and rob, hurt and even kill those hapless victims who have the money or the belongings that can help pay for one more dose or hit.

I also know that we had difficulty the last few years recruiting young people to work for minimum wages in summer employment projects. It is hard to persuade a young man or woman in our deprived areas to earn $3.35 or $4 an hour cleaning vacant lots and running errands, when some of their friends are able to buy the latest designer suits and fancy cars by peddling drugs. Here again we see the insidious distortion of values among young people, many of whose innocence is destroyed long before they leave grammar school.

Of course I want my children and everyone else, to be able to walk our streets without fear. I would like to believe that making drugs cheap and accessible would turn desperadoes into decent citizens. I am not convinced, however, that street criminals would suddenly turn to wholesome endeavors, any more than I expect organized crime to file for bankruptcy if drugs suddenly became available through legal channels.

The end of Prohibition did not turn mobsters into model citizens, nor did the establishments of state lotteries and legalized casinos put an end to illegal gambling. I think it is naive, therefore, to predict that peace and order will prevail in all our cities as soon as we can buy crack as easily as Crackerjack!

Certainly our Police Director in Newark, Claude Coleman, is as determined as I am to achieve further reductions in our crime rate. He has carefully weighed all the pros and cons for legalization of drugs, and he fully agrees with me that we dare not travel that route.

If I may quote just one paragraph from a statement he prepared for this distinguished panel: "The mere idea of legalizing cocaine or other hard drugs is a potential nightmare. Even assuming that crime and the cost of crime would be reduced--and that would be music to my ear -- the easy accessibility of cocaine and other addictive substances can only add to the already huge social problems in the inner cities." That is Director Coleman's view, and I see no reason to dispute it.

On this matter as on many other issues, I am also in total agreement with the Reverend Jesse Jackson, whose presidential campaign committee in New Jersey I was proud to chair. Earlier this week he told a nationwide television audience that the government should not give legal and moral sanction to destructive substances, for we would then be "legalizing poison." He also warned that legalization of drugs would not really end crime, but only "shift from street hoods to corporate hoods."

He predicted that legalization would lead to a "competition to see who can kill us the fastest." I believe Reverend Jackson's remarks deserve a loud "Amen" from all elected officials.

While we may not glimpse victory in the war on drugs, we do not need to surrender just yet. We find, for instance, that drug use has decreased slightly among young people and we should be very wary about not making it easier for them to obtain drugs.

Statistics from the New Jersey Department of Law and Public Safety show that there has been a downward trend among high school students in the use of most drugs from 1980 through 1986, when the last survey was completed. The trend is not large enough to cause much celebration -- but do we want to risk reversing that trend at this point?

The statewide survey of high school students in New Jersey also showed only the slightest difference in use of alcohol and various drugs between different racial and ethnic groups, or in different sections of the state. For alcohol and the most common illicit drugs, there were no appreciable differences between black and white pupils.

Interestingly, however, the survey did reveal that white students were much more likely than black to have used some of the less common narcotics. Usage of barbiturates and amphetamines, for example, was small among all ethnic groups, but appreciably higher for whites than for blacks.

The figures, I assume, reflect economic differences, which enable white students to afford a much wider variety of mind-altering substances. In this respect at least, our inner-city youth have been deprived of some of the drug experiences of their suburban counterparts. If drugs are made legal, and become cheaper and easier to obtain, will our black and Hispanic youth then have equal opportunity to get stoned in ways they scarcely dream of now? It is a frightening prospect and I, for one, do not mind if our youth remain at a disadvantage in obtaining all these poisons.

I have to agree with Mayor Schmoke, that I do see very few victories for all the funds and energy that have gone into our so-called war on drugs. Instead, I see a whole generation of young people -- our own sons and daughters -- becoming casualties on the battlefield.

We have lost too many of our young people to drugs already. That is why I must speak out against any effort to legalize the flow of drugs. If we did that, then our losses might well increase, and the ranks of addicts and abusers would be greater than ever. Even the most ardent advocates of legal drugs do not claim that there would be any decrease in drug addiction or abuse.

But what of the young man or woman in the heart of the city? With no skills and little education, and not much chance for a satisfying job, this young person may see little to lose through narcotics. And the more available the drugs are, the more he or she can use them. If the cost of reducing some crime in our cities is to enlarge the number of young addicts, then that is a price we cannot pay. We cannot sacrifice more of our boys and girls to low-cost drugs in the elusive hope of safer streets. This is trying to buy peace through the destruction of even more lives than we ruin now.

While the legalization of drugs might bring some slight relief to the criminal justice system, what would it do to our public health services? We have found in New Jersey, for example, that more than half of all patients with AIDS are intravenous drug users. Are we prepared to cope with a larger population of drug users, who are almost certain to produce even more AIDS sufferers?

And legalization can aggravate social as well as physical afflictions. In recent years the rapid growth of cocaine and crack use has resulted in many more cases of child neglect, abuse, and abandonment in our cities. The more drugs are available for every home, then the more homes we can expect to be shattered through violence and turmoil. And if there is anything black America does not need at this time, it is new strains on our family life.

Use of crack, a cocaine derivative, by women in New York City's poorest neighborhoods has led to more than a tripling of child neglect and abuse cases involving drugs in the last two years. There also has been a traumatic rise in the number of infants abandoned in city hospitals, born addicted or with syphilis, as well as a surge in children beaten and killed by drug addicted parents. As a result of this epidemic, poor and working class families are literally falling apart. Mothers are abandoning their children.

While I can relate to many of the points that Mayor Schmoke and others make, I am more persuaded by the arguments of Chairman Rangel. In a piece some months ago in The New York Times, Chairman Rangel cited many of the questions that must be answered in any legalization of narcotics.

In my view, none of those many questions has been answered satisfactorily yet. One of his strongest points, I believe, was that legalization of drugs would undermine all our efforts to steer young people away from them. How can we convince them that drugs are wrong if they are not illegal?

Our goal, therefore, should be not just to get tough with the dealers and distributors, who seem undeterred thus far by threats of lifetime imprisonment or even death penalties. The answer is to reduce the demand -- and that means we must give our young people positive, exciting, rewarding alternatives to the drug culture.

We cannot expect our young people to "just say no" when we will not just say yes to the funds and facilities for better education...more job training...meaningful employment opportunities...varied recreational programs...affordable housing.

Until we just say yes to all the things our young people need to prepare for the 21st century, we can hardly ask or expect them to just say no to drugs.

Thank you all very much for your attention.

TESTIMONY OF

HERBERT H. TATE, JR.
ESSEX COUNTY PROSECUTOR
ESSEX COUNTY, NEW JERSEY

BEFORE

THE UNITED STATES HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

September 16, 1988

Legalization of drugs is a cop-out. The advocates of drug legalization may be well-intentioned in their efforts to take the profit out of drug-dealing, but the proposal to legalize drugs sends a dangerous message. To legalize drugs is to give up the fight. We have not done all we can to combat illegal drug use through education and law enforcement.

In the debate concerning whether drugs should be legalized, proponents of legalization raise more questions than they answer and ignore the real effects of drug use. Drugs are illegal because they are harmful and destructive. The distinction between legal drugs, such as alcohol and tobacco, and illegal drugs, such as cocaine, heroin, and marijuana, is not arbitrary. While both types of drugs have properties in common, they also have significant differences.

Naively, advocates of drug legalization attempt to make analogies between tobacco, alcohol, and drug use. They are blind to the fact that the addictive propensity of drugs such as cocaine, heroin and other opiates is far greater than the addictive potential of alcohol and tobacco. Studies indicate that 8% of the people who drink alcohol consume amounts which are damaging to their health. Other studies indicate that people who consume cocaine and other opiates have approximately a ten times greater chance of becoming addicts.[1]

The result of legalization, in whatever form, would be an enormous increase in drug abuse and addiction. With drug

legalization, what is now a serious problem could explode into an irreversible crisis.

Advocates of legalization argue that drug use is a "victimless crime"; however, the effects of drug abuse on families and on our society is evident. Drug abuse is unquestionably the greatest single danger to the health and safety of our citizens. Increased drug use would lead to more babies born addicted or retaded; more deaths from overdoses; destroyed careers and reduced productivity; more job accidents; more traffic accidents; more victims of child neglect and destroyed families; and an increase in violent crime.

Unlike cigarette smoking, drug abuse has been proven to contribute to criminal behavior. Independent studies have found that drug users committed significantly more crimes when addicted than when not using drugs.[2] In 1986, New Jersey law enforcement officers made a record 40,690 arrests for drug offenses. It is estimated that approximately 50% of the more than 400,000 criminal offenses committed annually in New Jersey are drug related, and a recent national study suggests that this figure may be as high as 56%.

The President's Organized Crime Commission concluded that there is a direct, causal relationship between substance abuse and the overall rate of crime. At least one-third of all crimes committed in the State of New Jersey, including violent crimes and thefts, are believed to have been

committed by persons who are under the influence of alcohol or drugs. A recent study funded by the National Instutute of Justice found that in nearby New York City, of those persons arrested in the Fall of 1986 for crimes including burglary, robbery, assault, and theft, almost 80% tested positive for recent cocaine use. When the study was last conducted in 1984, only 42% of those arrested tested positive for recent cocaine use. In other words, the prevalence of cocaine use among persons arrested for serious crimes nearly doubled in the span of only two years. These statistics clearly demonstrate that crimes will continue to occur in all likelihood and will increase particularly if drugs are more accessible through legalization.

According to the National Institute on Drug Abuse, the average age of first-time drug users is thirteen. Based upon the foregoing, it is undisputed by both those in favor of legalization and those opposed to it that anti-drug education is vital to reduce the demand for drugs. Such education is imperative if we are to dissuade our children from drug abuse. Removing the criminal stigma from drug use would undermine the strong anti-drug educational message we all agree is vital to the long-range attack on widespread drug abuse. Even though the government has instituted educational programs explaining the dangers of drug use, legalization would convey the message that

the government condones such use. Children would be unable to follow a clear message which would be contradicted by the laws which they are taught to obey. If our values oppose drug use but our laws condone it, we are sending a mixed message.

Decriminalization would be a surrender to drug abuse when we are just beginning to fight the war. Only recently have concerted efforts been proposed and initiated to reduce the supply of drugs with increased law enforcement and to reduce the demand for drugs with comprehensive educational and rehabilitative treatment programs.

In 1986, the Governor of New Jersey, Thomas H. Kean, developed a multi-disciplined plan to make New Jersey drug-free. This plan was outlined in the "Blueprint for a Drug-Free New Jersey." The thrust of this proposal was to recognize the inadequate and disjointed efforts of law enforcement, educational prevention programs, and treatment programs to eradicate the increasing sale and use of illegal drugs in New Jersey. The Blueprint mandated the implementation of a unified strategy designed to coordinate all local, county and statewide resources and to attack the demand and supply sides of the drug problem. The Plan called for a rational strategy that included:

1. The creation of an Alliance for a Drug Free New Jersey made up of every community in the State to combine their efforts in the fight against drug abuse.

2. The development of long term prevention, intervention and treatment strategies aimed at educating the public about the dangers of drug abuse, identifying substance abusers at the earliest possible point and providing comprehensive treatment for them.

3. The reform of our drug laws to reduce sentencing discretion, to impose maximum penalties and fines on drug distributors and users and to create new offenses which target the leaders of illicit drug distribution networks.

In addition, a comprehensive law enforcement "battle plan" to implement the supply-side reduction strategies is contained in New Jersey Attorney General W. Cary Edwards' "Statewide Action Plan for Narcotics Enforcement". This Plan directs the coordinated mobilization of all local, county, and state law enforcement agencies against all levels of drug dealing, trafficking, and use.

The proponents of legalization are asking the State of New Jersey and the nation to stop fighting the war at a time when we are embarking on a new battle plan. Legalization symbolizes the nation's surrender to the drug problem. When the fight against drug abuse is just beginning to move in a comprehensive, productive direction, running away from the battle by legalizing drugs would be a fatal mistake. The cost of implementing these

new and aggressive programs will be substantial. However, it is better to pay for the dream of a drug-free society than to pay for the nightmare.

Respectfully submitted,

HERBERT H. TATE, JR.
ESSEX COUNTY PROSECUTOR

DATED: September 16, 1988

**FOOTNOTES**

[1]"The Decline of Drugged Nations" by Gabriel G. Nahas, The Wall Sreet Journal, July 11, 1988 and "The Costs Are Still Too High: Don't Legalize Drugs" by Morton M. Kondracke, The New Republic, June 27, 1988.

[2]Ball, John C., Lawrence Rosen, John A. Flueck and David N. Nurco. The Criminality of Heroin Addicts When Addicted and When Off Opiates. 1980. (NIDA) Research Grant ROI DA 01375). See also the statement by Dr. Ball in: U.S. Congress. Senate Committee on the Judiciary. Subcomittee on Juvenile Justice. Career Criminal Life Sentence Act of 1981. Hearings, 97th Cong., 1st Sess., October 26, 1981. Washington, U.S. Govt. Print. Off., 1981.

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WILLIE L. WILLIAMS
Commissioner

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON NARCOTICS ABUSE AND CONTROL

WILLIE L. WILLIAMS
POLICE COMMISSIONER
SEPTEMBER 16, 1988

GOOD AFTERNOON, LADIES AND GENTLEMEN, HONORED GUESTS, AND RESPECTED MEMBERS OF THE CONGRESSIONAL BLACK CAUCUS.

THANK YOU FOR INVITING ME TO PARTICIPATE IN THIS HEARING/WORKSHOP WHICH EXAMINES THE PROPOSAL TO LEGALIZE ILLICIT DRUGS AS A RESPONSE TO THE PERCEIVED FAILURE OF OUR COUNTRY TO CONTROL THE FLOW OF NARCOTICS.

AS THE POLICE COMMISSIONER FOR THE CITY OF PHILADELPHIA, AND AS A TWENTY FOUR YEAR VETERAN OF THE DEPARTMENT, I AM TOTALLY CONVINCED THAT THE LEGALIZATION OF ILLICIT DRUGS WOULD ONLY ADD NUMEROUS SERIOUS HEALTH AND SOCIAL PROBLEMS TO OUR SOCIETY. LEGALIZATION OF ILLICIT DRUGS IS BORNE OF FRUSTRATION, BY THOSE WHO HAVE GIVEN UP RATHER THAN CONTINUE THE FIGHT AGAINST DRUG ABUSE.

AS AMERICANS, AND ESPECIALLY AS BLACK AMERICANS, I ASK : WILL WE PROMISE OUR CHILDREN THEIR SHARE OF THE "AMERICAN DREAM" - - OR THE " NIGHTMARE OF ADDICTION " THAT DRUG LEGALIZATION PROMISES?

WILL WE OFFER THE OPPORTUNITY FOR GAINFUL EMPLOYMENT OR THE DESTRUCTIVE ALTERNATIVE OF DRUG DEPENDENT ENSLAVEMENT?

AND FINALLY, WILL WE DEDICATE OURSELVES TO CONTROLLING THIS TRAGIC SITUATION - - OR WILL WE PERMIT THIS TRAGEDY TO CONTROL US?

THE DECISION IS OBVIOUS. WE MUST NEVER FLY THE BANNER OF DRUG LEGALIZATION WITH ITS MOTTO, " JUST SAY YES ".

IF WE HAVE THE COURAGE TO MAKE THE RIGHT CHOICES IN THESE TROUBLED TIMES, AND IF WE HAVE THE BURNING DESIRE TO MAKE OUR CHOICES SUCCEED, WE CAN MEET THIS EPIDEMIC OF ADDICTION AND ABUSE HEAD-ON AND CONQUER IT. THERE ARE NO EASY SOLUTIONS TO THIS PROBLEM. HOWEVER , THERE ARE INTELLIGENT CHOICES TO BE MADE.

WHATEVER CHOICES WE MAKE, WE WILL ONLY ACHIEVE SUCCESS WHEN DRUG EDUCATION, DRUG ENFORCEMENT AND DRUG TREATMENT BECOME THE CORNERSTONE OF A COMPREHENSIVE GOVERNMENT EFFORT TO END THIS NATIONAL TRAGEDY.

IF THE LEGISLATION OF ILLICIT DRUGS BECOMES A REALITY I ASK "WILL THE AVAILABILITY OF LESS EXPENSIVE AND READILY AVAILABLE DRUGS CURB THE APPETITE AND DEMAND FOR DRUGS"? NO.

I ASK, "WHO WILL FUND THE LEGAL DISTRIBUTION OF THESE DRUGS THAT ALTER THE MIND AND BEHAVIOR OF OUR CITIZENS"?

IF AN INDIVIDUAL HAS A $500 A DAY ILLEGAL DRUG HABIT WILL HE OR SHE HAVE A $500 A DAY LEGAL DRUG HABIT?. IF SO WHERE DOES THE MONEY COME FROM?

WILL LEGALIZATION OF DRUGS PROVIDE ONLY THOSE CITIZENS WHO HAVE THE NECESSARY FUNDS TO SUPPORT THEIR GOVERNMENT SANCTIONED ADDICTION? WILL POOR DRUG ADDICTS BE ALSO DEPENDENT ON AN ALREADY STRAINED SOCIETY TO PURCHASE THEIR GOVERNMENT SANCTIONED ADDICTION?

AND WHO WILL BE ABLE TO AFFORD THE ASTRONOMICAL COSTS OF MEDICAL, HEALTH, LIFE, AND AUTO INSURANCE THAT THIS GOVERNMENT SANCTIONED ADDICTION WILL SURELY GUARANTEE?

THE LEGAL AVAILABILITY OF ILLICIT DRUGS WOULD MOST ASSUREDLY ADD A CERTAIN PERCENTAGE OF THOSE PEOPLE WHO ARE ON THE EDGE AND MAY TRY MERELY TO EXPERIMENT, BUT WOULD SOON FIND THEMSELVES ENTRAPPED INTO THE WORLD OF THE ADDICT. WHO CAN MEASURE THE NUMBER OF LIVES AND FAMILIES THAT WOULD BE DESTROYED NOT TO MENTION THE NUMBER OF PEOPLE THAT WILL BE FOUND DEAD AS A RESULT OF OVERDOSES...

OBVIOUSLY LEGALIZATION OF DRUGS WILL CREATE ONE MORE ECONOMIC

BURDEN FOR THE POOR AND MIDDLE CLASS AMERICANS WHO CAN ILL AFFORD THIS STRAIN EVEN THOUGH THEY DO NOT WISH TO TAMPER WITH DRUGS.

LAW ENFORCEMENT EFFORTS TO STOP THE FLOW OF DRUGS INTO OUR COUNTRY HAS NOT BEEN AT THE NEEDED LEVEL TO EFFECTIVELY IMPACT THE DRUG USERS. THE ANSWER IS NOT TO STOP OUR EFFORTS BUT RATHER TO COORDINATE ALL LEVELS OF LAW ENFORCEMENT TO A MORE EFFICIENT CENTRALIZED NETWORK OF OPERATIONS IN ORDER TO DEVELOP NEW METHODS OF CONTROLLING THE FLOW OF ILLEGAL DRUGS.

IF WE ARE TO INCARCERATE THOUSANDS OF ADDICTS IN OUR PRISONS FOR THEIR DRUG RELATED OFFENSES, WE MUST PROVIDE ADEQUATE TREATMENT AND CARE SO THAT THEIR DRUG ADDICTION PROBLEMS WILL BE CURED PRIOR TO THEIR BEING RETURNED TO SOCIETY.

TO REPRESS THE DEMAND, DRUG EDUCATION AND AVERSION PROGRAMS MUST BEGIN AT AN EARLY AGE - PERHAPS AS EARLY AS THE PRIMARY GRADES, SO THAT OUR CHILDREN CAN DEVELOP AND FORMULATE ATTITUDES AGAINST DRUG USE AS WELL AS AN AWARENESS OF THE CONSEQUENCES OF DRUG ABUSE.

IN CLOSING, IT TROUBLES ME VERY MUCH THAT SOME INDIVIDUALS ARE SEEKING GOVERNMENTAL SANCTIONS TO CONTROL AND DISTRIBUTE MIND AND BEHAVIOR ALTERING DRUGS. SUCH GOVERNMENT CONTROL MUST NOT BE PERMITTED.

AS MEMBERS OF THE CONGRESSIONAL BLACK CAUCUS, YOU KNOW, FIRST HAND THE PROBLEMS CONFRONTING NOT ONLY THE BLACK FAMILIES, BUT ALL FAMILIES IN AMERICA TODAY - -

ALCOHOLISM, TEEN PREGNANCY, CRIME, AND VIOLENCE

WE CANNOT AFFORD THE LITANY OF PROBLEMS CONFRONTING OUR FAMILIES TO INCLUDE THE GOVERNMENTAL SANCTION OF LEGALIZED DRUGS. TO DO SO WOULD ERODE THE VERY FOUNDATION OF OUR STRENGTH, THE FAMILY, WITH ANOTHER FORM OF INSIDIOUS DETERIORATION.

WHAT IS NEEDED TODAY, IS NOT THE MESSAGE OF DESPAIR WHICH DRUG LEGALIZATION OFFERS, BUT THE MESSAGE THAT IS PROUDLY BEING PREACHED BY ONE OF OUR OWN MINISTERS, AND THAT MESSAGE IS: HOPE, NOT DOPE.

THANK YOU FOR YOUR ATTENTION.

STATEMENT BY

FRANK STAGGERS, M.D.

PRESIDENT

NATIONAL MEDICAL ASSOCIATION

BEFORE THE

SELECT COMMITTEE ON NARCOTICS

ABUSE AND CONTROL

U.S. HOUSE OF REPRESENTATIVES

HEARINGS ON

LEGALIZATION OF DRUGS

SEPTEMBER 16, 1988

WASHINGTON, D.C.

FRANK STAGGERS, M.D.

PRESIDENT, NATIONAL MEDICAL ASSOCIATION

GOOD MORNING, CHAIRMAN RANGEL AND HONORABLE MEMBERS OF THE COMMITTEE. I AM FRANK STAGGERS, M.D., PRESIDENT OF THE NATIONAL MEDICAL ASSOCIATION (NMA).

THANK YOU FOR THIS OPPORTUNITY TO TESTIFY TODAY. AS YOU ARE ALL WELL AWARE, THE PHYSICIAN STANDS AT THE FRONT LINE OF OUR NATION'S "WAR" ON DRUGS. THE MAJOR RESPONSIBILITIES FOR THE DEVELOPMENT AND IMPLEMENTATION OF DRUG PREVENTION AND TREATMENT PROGRAMS ARE IN MANY WAYS THE RESPONSIBILITIES OF THE PHYSICIAN.

ALONG WITH RECOGNIZING THE IMPORTANT ROLE OF THE PHYSICIAN IN THE WAR AGAINST DRUGS, THE PUSH TO LEGALIZE DRUGS HAS BEGUN TO GARNER MUCH ATTENTION. ENDORSED BY PEOPLE ON BOTH ENDS OF THE POLITICAL SPECTRUM. IT HAS BEEN PROPOSED THAT THE NATION DISCUSS LEGALIZING DRUGS AS A WAY TO TAKE THE PROFIT OUT OF DRUG DEALING, REDUCE THE RATE OF DRUG RELATED VIOLENCE AND START TREATING DRUG ABUSE AS A PUBLIC HEALTH PROBLEM RATHER THAN A CRIMINAL JUSTICE MATTER.

THE NATIONAL MEDICAL ASSOCIATION (NMA) AS THE LEADING BLACK SPOKESMAN ON HEALTH CARE FOR BLACK AMERICA IS OPPOSED TO THE LEGALIZATION OF DRUGS. NMA CONSIDERS LEGALIZING DRUGS AS SURRENDERING THE WAR AGAINST THEM. WE CONSIDER LEGALIZING DRUGS AS ABANDONING THE WAR AGAINST DRUGS AT A TIME WHEN WE HAVE NOT EVEN BEGUN TO FIGHT.

THE NATIONAL MEDICAL ASSOCIATION (NMA) IS VERY MUCH CONCERNED ABOUT THE MEDICAL ASPECTS OF DRUG ABUSE. FOR EXAMPLE, CONSUMPTION OF DRUGS CAN ADVERSELY AFFECT

MENTAL PROCESSES AND MOTOR SKILLS, THAT LEAD TO BOTH PHYSICAL AND PSYCHOLOGICAL DEPENDENCE TO THE DRUG.

MR. CHAIRMAN, IT IS OFTEN WIDELY CITED THAT DRUG USE IN THIS SOCIETY COST OUR NATION OVER $60 BILLION IN HEALTH CARE COST, LOST PRODUCTIVITY AND CRIME FOR A ONE YEAR PERIOD. INCLUDED IN THIS ESTIMATE ARE THE COSTS OF LOSING SEVERAL THOUSAND LIVES EACH YEAR TO DRUG OVERDOSES, TO THE ILL HEALTH THAT IS RELATED TO INTRAVENOUS DRUG ABUSE. DRUG ABUSE IN THE WORKPLACE IS RESPONSIBLE FOR LOST OF PRODUCTIVITY DUE TO ABSENTEEISM, HIGH TURNOVER AND POOR JOB PERFORMANCE.

WE FEEL THAT ANY ATTEMPT TO LEGITIMIZED THE USE OF DRUGS WOULD UNDERMINE THE ROLE OF THE FOOD AND DRUG ADMINISTRATION (FDA). THE FDA IS CURRENTLY RESPONSIBLE FOR THE TESTING AND APPROVAL OF DRUGS BEFORE USE BY THE GENERAL PUBLIC. HOWEVER, EFFORTS TO MINIMIZE THE CURRENT CERTIFICATION PROCESS BY FDA WOULD ENCOURAGE MORE HARMFUL ILLEGAL DRUGS ON THE MARKET.

THE NATIONAL MEDICAL ASSOCIATION SUPPORTS MORE FEDERAL EFFORTS TO EXPAND DRUG ABUSE PROGRAMS BY URGING MORE FUNDS FOR PREVENTION, COUNSELING AND TREATMENT PROGRAMS. NMA SUPPORTS AN INCREASE IN FEDERAL FUNDING TO EXPAND THE NATION'S DRUG WAR TO $218 BILLION OR 70% OVER WHAT THE REAGAN ADMINISTRATION HAS BUDGETED FOR FISCAL YEAR 1989.

MR. CHAIRMAN, THE U.S. DRUG PROBLEM IS GETTING WORSE NOT BETTER. WE ARE LOOSING THE WAR. AS YOU WELL KNOW, TO LEGALIZE DRUGS WOULD FURTHER INCREASE DRUG TRAFFICKING WITHOUT CRIMINAL JUSTICE PROVISIONS WHICH MAY INCREASE THE PUBLIC'S APPETITE FOR DRUG USAGE.

THE PROBLEM OF ACUTE DRUG ABUSE IN OUR SOCIETY IS TRULY STAGGERING AS A MAJOR PUBLIC HEALTH PROBLEM. THE ECONOMIC COSTS OF THIS PROBLEM TO SOCIETY IN THE YEAR 1988 ALONE IS WELL OVER $300 BILLION. LAST YEAR ALONE, OVER 40 MILLION ADULTS TRIED AN ILLICIT DRUG. ALMOST ONE-THIRD OF OUR COLLEGE STUDENTS HAVE USE COCAINE. IN ADDITION, OVER TWENTY-FIVE PERCENT OF THE INDIVIDUALS INFECTED WITH THE DEADLY AIDS VIRUS ARE INTRAVENOUS DRUG USERS. CLEARLY THE USE OF DRUGS IS HAVING A MAJOR CATASTROPHIC EFFECT ON THE HEALTH AND WELL BEING OF OUR SOCIETY. MR. CHAIRMAN TO LEGALIZE THIS NATION'S YOUTH TO DANGEROUS DRUGS WILL ONLY MAKE THIS PROBLEM MUCH WORST TO PREVENT AND PROVIDE TREATMENT PROGRAMS.

THE PROPONENTS OF LEGALIZATION OF DRUGS ARGUE THAT BY CUTTING OFF DRUG PROFITS WHICH COME FROM $190 BILLION IN ANNUAL SALES, DRUG KING-PINS WOULD BE FORCED TO ABANDON THEIR ILLICIT TRADE. THEY BELIEVE THAT FUNDS SPENT ON LAW ENFORCEMENT COULD BE FUNNELED INTO DRUG PREVENTION AND TREATMENT PROGRAMS. HOWEVER, THEY OVER LOOK THE FACT THAT POSSIBLY MORE INDIVIDUALS WOULD NEED TREATMENT AS DEMAND WOULD INCREASE FOR DRUGS.

IN CONCLUSION, NMA ACKNOWLEDGES THE SERIOUS EFFECTS OF DRUG ABUSE ON OUR SOCIETY. WE RECOGNIZE THAT SEVERAL COMPLEX SOCIAL ISSUES UNDERLIE DRUG ABUSE IN OUR SOCIETY WHICH OFTEN HINDER IDENTIFICATION AND TREATMENT. WE DO NOT SUPPORT THOSE WHO CALL FOR A LEGALIZATION OF DRUGS. WE FEEL THAT BETTER COORDINATION AND COOPERATION BETWEEN THE CRIMINAL JUSTICE SYSTEM AND HEALTH PROFESSIONALS CAN HELP IN IDENTIFYING AND EDUCATING INDIVIDUALS ON THE NEGATIVE EFFECTS OF SUBSTANCE ABUSE. NMA PLANS TO DEVELOP AND DISTRIBUTE SEVERAL EDUCATIONAL MATERIALS TO EDUCATE BOTH PHYSICIANS AND PATIENTS ON THE DANGERS IN THE ISSUE DRUGS. IT IS CLEAR THAT MORE NEEDS TO BE DONE TO ADDRESS THIS GROWING PROBLEM. TO THAT END, OUR ORGANIZATION RECOMMENDS THE FOLLOWING:

1. INCREASE FUNDING BOTH BY THE FEDERAL GOVERNMENT AND THE PRIVATE SECTOR FOR PROGRAMS DESIGNED TO EDUCATE THE PUBLIC ON THE HARMFUL EFFECTS OF DRUG ABUSE.

2. INCREASE THE AVAILABILITY OF DRUG TREATMENT CENTERS AND HEALTH PROFESSIONALS TRAINED TO COUNSEL AND TREAT INDIVIDUALS WHO ABUSE DRUGS.

3. INCREASE EFFORTS TO REDUCE DRUG TRAFFICKING AND THE SUPPLY OF ILLICIT DRUGS IN OUR CITIES AND COMMUNITIES.

STATEMENT

OF

EDWARD S.G. DENNIS, JR.
ACTING ASSISTANT ATTORNEY GENERAL
CRIMINAL DIVISION

BEFORE

THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
HOUSE OF REPRESENTATIVES

CONCERNING

LEGALIZING ILLICIT DRUGS

ON

SEPTEMBER 16, 1988

Mr. Chairman and Members of the Committee, I am pleased to be here today to present the views of the Department of Justice on the question of legalizing illicit drugs and the Committee's concern over the impact decriminalization might have on the Black community in our country.

The Department of Justice strongly opposes legalization. A little over a month ago we commented on a bill, H.R. 4916, major portions of which were incorporated in H.R. 5210, the omnibus drug bill which was considered in part on the floor of the House on September 8 and scheduled for further consideration earlier this week. Part of H.R. 4916 was a sense of the Congress statement that "any proposal to legalize illicit drugs, as a method to combat their sale and use, should be rejected." The Attorney General noted that the Department agreed with that statement. That is the Administration's position, the Department's position and my own personal position. Let me explain why.

Mr. Chairman, we in the Department of Justice are keenly aware of the misery, pain, and suffering caused by the use and distribution of illegal drugs in this country. Like a lot of evils, drugs usually do not discriminate among the disadvantaged and those of means. We are all aware of the problems of cocaine use among some highly paid professional athletes, entertainers, and people in less visible professions, including lawyers. At the same time, we all know that illegal drug use is a problem for persons at the opposite end of the economic spectrum. I believe, however, that wherever one looks in our country from the

wealthiest neighborhood to the poorest, illegal drugs are used by only a distinct minority of the population.

Stated another way, most of the people in this country realize the danger in using illegal drugs and refuse to condone it. Moreover, the recognition of the pure, unadulterated evil of drugs is on the increase. Among senior high school students surveyed by the National Institute on Drug Abuse, 87% disapproved of even trying cocaine. Cocaine use among high school seniors reportedly decreased from 6.2% in 1986 to 4.3% in 1987. That is still far too high, but at least the movement is in the right direction. It shows that our citizens are getting the right message on drugs: they are at the very least extremely dangerous and often they are deadly.

Legalization, on the other hand, would send the opposite message. It would say that substances like cocaine, marihuana, heroin, and maybe even LSD and PCP, really are not so bad and can be handled by some people the way some people can handle alcohol without becoming alcoholics. 1/

I do not agree with that. Some of those who advocate legalization say that it will at least cause a decrease in the

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1/ As the Committee's letter indicates, legalization would require a number of decisions about what types of drugs would be legalized, in what amounts they would be available, whether they would be made available only to "addicts" -- assuming one could define the term -- or for other users as well, and whether there would a minimum age requirement to use the drugs. I am not sure how proponents of legalization answer these questions but I am confident that wherever the lines are drawn there will always be those who are not able to purchase drugs legally and who will do so illegally.

violence associated with distribution and in crimes committed by persons in search of money to buy expensive and illegal drugs. That argument ignores some sobering statistics from the United Kingdom, a country where heroin is legal. Many persons who began as casual users have become addicted. The number of addicts in clinics grew by 150% between 1980 and 1984. Even worse from the standpoint of law enforcement is that heroin imports skyrocketed three-fold and Scotland Yard had to increase its Narcotic Squad by 100%. Heroin users got legal heroin from pharmacies and proceeded to go out on the street and buy more potent heroin on the black market.

This experience suggests that, in our country, if cocaine were legalized, many persons might try it and decide to move on to the highly addictive "crack." I hope that advocates of legalization do not intend to legalize "crack." Assuming they do not there will always be a black market for that drug, which is blamed by many for causing especially severe problems in urban ghettos. In short, unless all drugs are made freely available -- something I certainly do not advocate -- a black market will result and criminals will seek to exploit that market.

To take another example from a foreign country, in The Netherlands, liberal drug laws are blamed for the rapidly escalating crime rate of the 1980's in Amsterdam. That city of only 750,000 now has 14,000 drug users. It seems only reasonable that at least some were attracted to that city precisely because of its overly permissive drug laws. One can only speculate about the caliber of person who might decide to come to our country,

either as a resident or a tourist, if one of its attractions were to become freely available drugs.

In short, I doubt that legalization would result in a significant decrease in drug-related crimes. People, particularly addicts, are unlikely to be satisfied with the drugs available legally and there will always be a black market for different or stronger drugs. Accordingly, there is no quick, stroke-of-the-pen solution to the problem of crimes resulting from drug trafficking or associated with drug purchasing.

But Mr. Chairman, even if legalizing certain drugs might lead to some marginal decrease in drug crime, legalization would almost certainly lead to an increase in the related problem of drug abuse and addiction. Here too, statistics from abroad should be considered. I mentioned that in the United Kingdom, where heroin is legal, the number of addicts in clinics increased by 150% in just four years.

In our own country, a 1982 survey involving the State of Alaska (where it was legal to possess four ounces of marihuana for personal use) showed that 49.5% of the children in grades 7-12 in that State had tried marihuana. That was almost twice the national percentage of children of the same age who were surveyed in the same year and indicated they had tried it. I think it is appalling that almost half the high school and junior high school students in a State used this drug. I have to think that such a huge deviation from the national average must be related to the fact that it was legal for adults.

I believe that national legalization would lead to an increase in the national level of abuse and addiction. Earlier, I indicated that I saw drugs as a sort of "equal opportunity" problem, a menace to persons in posh suburbs as well as bleak ghettos and all the neighborhoods in between those extremes. But of course there are real differences in our society. Life is usually a lot harder in the ghettos and barrios than in other places. It's not surprising that many persons want either to escape from these neighborhoods or stay and deal with the problems. Either objective is perfectly reasonable, but both require effort, education, and energy.

But there are those who see a shortcut to easing the burdens of a life of poverty and privation. That quick escape is through drugs. Legalization of drugs sends the message that drugs are an acceptable method of escape. Unfortunately such a false message is somewhat more likely to be believed by the young, the poor, and the least educated than by persons who are more advantaged. That is why I would conclude that legalization would have a disproportionate impact on poor communities, especially Black and Hispanic communities, and the people of those communities. Some of them would interpret legalization as an excuse for using drugs for short term gratification rather than expending the effort needed in school, or on the job for long term success. And what may start out as occasional use may lead to addiction with all its associated problems. While disadvantaged young people are by no means the only persons in our country who would likely fall

into this trap caused by legalization, common sense indicates that they would be among the most vulnerable.

In my view, Mr. Chairman, we may never be able to completely "solve" the drug problem in the sense that we reduce sales and addiction to zero. It is impossible to completely keep illegal drugs from coming into this country without surrounding our borders with a sort of "Berlin wall" of barbed wire and machine guns and physically searching every single international traveler. Those measures are simply intolerable in our society. But what we can do is vigorously investigate and prosecute drug-traffickers while at the same time reducing the demand for drugs through better education. Legalization would cripple efforts to educate people as to the harm caused by drugs. This hurts not only law enforcement efforts to stem the tide of drugs but, perhaps even worse, it does nothing to address the health problems that drugs cause for the users.

The fact is that drugs like cocaine, heroin, and marihuana are harmful in a number of ways to the human body. They produce short term deaths from overdoses and vehicle fatalities, and their long term effects are just becoming known. Some may argue that other substances like alcohol or tobacco are also harmful and yet are sold legally and widely used. I, frankly, am not impressed by the argument that since our society allows some harmful substances, we should also legalize others that are potentially far more devastating both for the individual and for society as a whole.

In sum, Mr. Chairman, legalization is a way of turning our backs on the health and social costs of drug use without any benefit in reducing the law enforcement problems associated with drugs. It is hardly in the American tradition either to ignore a problem or smugly declare it solved by an action, like legalization, that really moves us in the wrong direction. Again, I reaffirm this Administration's and my personal opposition to legalization. I would be happy to answer any questions at this time.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

For Release Only Upon Delivery

STATEMENT

BY

CHARLES R. SCHUSTER, Ph.D.

DIRECTOR

NATIONAL INSTITUTE ON DRUG ABUSE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

BEFORE THE

CONGRESSIONAL BLACK CAUCUS

ON

THE LEGALIZATION OF ILLICIT DRUGS

WASHINGTON, D.C.

9:30 A.M., SEPTEMBER 16, 1988

ROOM 334, CANNON HOUSE OFFICE BUILDING

Mr. Chairman, Members of the House Select Committee on Narcotics Abuse and Control, and members of the Congressional Black Caucus, I am Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse (NIDA), of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), here today representing the Department of Health and Human Services. On behalf of Secretary Bowen, Dr. Goodwin (the ADAMHA Administrator), and myself, let me express our appreciation for the opportunity to testify at this important hearing.

As you know, the issue of legalization has surfaced before. Drug abuse has been a chronic and frustrating problem. All of us, as citizens, parents, employers—in all our roles—wish that it would go away. The frustration extends to police and prosecutors, who must confront drug-related crime and violence on a daily basis with little hint of success. When legalization is proposed, it is generally proposed because of frustration with drug-related crime. The direct cost of this crime is enormous and the cost of fighting it high. Also, the talk of sealing our borders, military intervention on the territory of foreign countries, and stepping up efforts to incarcerate drug abusers raises concern about the erosion of our civil liberties and distortion of our foreign policy as we try to control or detect the use of illicit substances.

While legalization seems to offer a simple solution to the economic problems associated with drug use, there is very little doubt that it will simultaneously exacerbate the health, productivity, and other social problems. A more promising approach is to increase our national demand reduction efforts. We must not forget that drug abuse is not just a law enforcement problem. It is a health problem. Any lessening of restrictions on drug use will inevitably lead to increased use, and more people will develop significant

health problems. Can we afford a 20 percent increase in cocaine-related deaths? Can we risk an upsurge in brain damaged people by permitting free access to PCP? Any decrease in violence related to legalization might be balanced by violent acts committed by people whose brain chemistry was altered by drugs. Legalization could create its own set of social problems, and should not be expected to cure the existing ones.

The Black community certainly suffers more than its share of drug-related problems. This is made clear in data from NIDA's Drug Abuse Warning Network (DAWN). DAWN collects information from a non-random sample of about 750 hospital emergency rooms and 87 medical examiner/coroner officers around the country. In more that half the emergency room episodes in 1986 that involved cocaine and heroin, the patients were Black. Of those who died heroin and cocaine-related deaths, 47 percent were Black. In 1984, 51 percent of clients reporting a problem with cocaine and heroin upon admission to drug abuse treatment were Black. More than half the estimated 1.2 million intravenous drug abusers in this country are Black. And Blacks, both adults and children, are heavily overrepresented among the victims of AIDS, a disease that is spread by the use of IV drugs and needle sharing.

The Department continues to hold a firm position against legalization. It is clear to us that legalization would cost society more than it can afford to pay. Indeed, the price would be far more than the loss from "giving up" on current users. We would risk the drug use and its consequences of many, many people—especially youngsters--who are now deterred from experimentation by the legal and moral barriers to such use. Our experience with cigarettes, for example, shows that more than 50 million Americans are

willing to risk illness and death for doses of nicotine, which is an addictive drug. We have enormous health and social costs associated with tobacco and alcohol use. Liquor and cigarettes are easy to get; they are legal for adults to purchase. Why should we think that legalized marijuana, or heroin, or cocaine, or PCP, or LSD, would be less aggressively marketed or less appealing to the public?

Those who advocate legalization rarely propose a situation in which dangerous substances are treated in the same way as most other market commodities (i.e., with no controls at all). Generally, the proposals are for decriminalization (under which a substance is controlled but the user suffers no criminal sanctions) or for regulation (under which a substance is available only for specific purposes, usually medical in nature). Proponents of any of these, however, have not presented an operational plan as to how drugs could be made more readily available without harming individuals and incurring excessive social cost.

It has been suggested, for example, that drugs could be dispensed by physicians to people who are certified as already addicted. However, even if such "certified" addicts could be identified, it is doubtful that physicians could be induced to prescribe a dangerous substance for other than therapeutic purposes. The addict/patient would surely not benefit from a continued prescription for cocaine. Cocaine may cause death, whether it is purchased on the street or from a pharmacy. Let me review some of the health consequences of the abuse of various drugs in order to emphasize this point.

Cocaine's best-known danger is to the cardiovascular system. I say it is a well known danger because we have all read of the sudden, unexpected deaths of young athletes who died of myocardial infarctions (heart attacks) following the use of cocaine. Cocaine is among the drugs that accelerate pulse rate and result in hypertension. In some cases, the increased blood pressure in a pregnant woman leads to contractions of the uterus, resulting in miscarriage. Maternal use of cocaine constricts the arteries that lead to the womb, diminishing the oxygen that reaches the fetus. There is some indication that cocaine can cause a fetal stroke.

Heroin, too, can kill. Its use has direct adverse effects on the human body. Since opiates are depressants, overdose can lead to respiratory depression, and death. Heroin depresses lung functioning, increasing susceptibility to pulmonary diseases such as pneumonia and tuberculosis. When heroin is adulterated with quinine, it can cause blindness. Because it is often injected by addicts who share needles, it is an important vector in the transmission of HIV. AIDS is spreading rapidly among intravenous drug abusers and, through them, to their sexual partners and their children.

Marijuana is another dangerous substance. Its use may lead to impairment of the immune system. It affects perception, impairing the ability to drive and perform other complex tasks. It can decrease motivation while increasing anxiety and exacerbating preexisting psychiatric illnesses. Recent findings indicate that the drug is capable of damaging areas of the brain involved in learning, memory, and emotions.

Other drugs can have devastating effects on the body, too. Solvent abuse (as in "glue sniffing") has been associated with depression of bone marrow. Withdrawal from amphetamines may yield severe depression. The list goes on an on. In fact, there is no part of the body that can be considered immune to the deleterious effects of drugs.

Getting back specifically to cocaine, during the past few years we have seen a sharp increase of adverse medical consequences resulting from its use. In 1987, a sampling of hospital emergency rooms reported that, compared with 1983, there had been close to a 500 percent increase in the number of times cocaine was involved in a medical crisis (5,200 emergency episodes in 1983 and almost 30,000 in 1987). A sampling of medical examiners reported that cocaine deaths increased from 323 to 1,207 over the same period of time. This increase was foreseen as far back as 1977, when Federal researchers, familiar with the dynamics of the drug distribution system, predicted that a significant drop in cocaine cost would result in an increase in use and serious problems. Cocaine supply grew, costs dropped, and the increased reports of medical emergencies and deaths are the painful results. With decreased costs anticipated as a result of legalization, we would be sanctioning tremendous increases in morbidity and mortality.

I want to turn now to some hopeful signs that indicate a downward trend in the use of drugs and an increase in negative attitudes toward drugs. The NIDA-supported annual survey of high school seniors (Monitoring the Future) showed that cocaine use decreased in 1987, reflecting the first substantial decline among American high school seniors. The use of other illicit drugs also declined, with daily marijuana use falling to 3.3% in 1987 from its peak of 10.7% in 1978. Eighty-seven percent of high school seniors disapproved of even trying cocaine, and 97% disapproved of regular cocaine use.

This is not meant to say that the drug problem is over. Well over half of young people (57%) have tried an illicit drug other than alcohol (which is illegal for this age group) at least once before graduation from high school. Sixty-six percent have used alcohol in the past month, and nearly one-fifth (18.7%) are daily cigarette smokers by the time they leave high school. Obviously, we need to continue our demand reduction efforts.

One promising program is the highly successful effort of the Media-Advertising Partnership for a Drug-Free America, assisted by NIDA, in its drive to "unsell" drug use. Since April, 1987, advertising that discourages the purchase and consumption of illegal drugs and encourages the formation and growth of attitudes and behavior antagonistic toward consumption has been appearing in media all over the country. As a result, all groups (children, teenagers, college students, and adults) have shown attitudes and orientations that became distinctly more antagonistic toward drug use over the past year. Black college students, in particular, showed significant shifts in attitude, including a dramatic increase in fear of the consequences of drug use. For all races, the changes were most pronounced in areas of the country with high media exposure. Among college students, where there were marked attitudinal changes, statistically significant declines in cocaine consumption were found, particularly among persons identified as "occasional users."

To sum up, I believe that we need a strong focus on prevention and treatment of drug abuse, but we should not abandon our efforts to control the supply of drugs. Legalization is not the answer. It is not the answer for Blacks. It is not the answer for Whites. It is just not the answer for anyone. I agree with the Surgeon General, who has said that we

must continue to strengthen our efforts to build a national consensus against illegal drugs and to provide treatment to those who have already become casualties. It is a long and difficult road, but we must not make it longer and harder by adding the potholes and pitfalls of legalization.

I will be happy to answer any questions you may have.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

For Release Only Upon Delivery

STATEMENT

BY

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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

BEFORE THE

CONGRESSIONAL BLACK CAUCUS

SEPTEMBER 16, 1988

Mr. Chairman and Members of the caucus, I am Dr. Elaine Johnson, Director of the Office for Substance Abuse Prevention (OSAP) of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). I am grateful for the opportunity to participate in this hearing on the potential impact of legalizing drugs on the people and the communities of America, particularly Black America.

OSAP was established with the passage of the Anti-Drug Abuse Act in October 1986. OSAP's congressional mandate includes (1) a model demonstration grant program of community-based prevention programs targeted to high-risk youth; (2) the creation of the National Clearinghouse for Alcohol and Drug Information; (3) a diverse communications program; and (4) conference and workshop support, training, and on-site technical assistance for parent and youth groups and organizations that serve ethnic minorities.

As an organization that is dedicated to the reduction and ultimate elimination of alcohol and other drug use among America's youth, OSAP is unequivocably opposed to the legalization of illicit drugs. While this Nation is in the grips of a very real crisis with regard to illicit drug use and related crime, we must not forget that the vast majority of Americans do not use illicit drugs. Most Americans continue to have a natural respect for the law; this is especially true for our most vulnerable citizens, our children and adolescents. Removing the legal sanctions that proscribe drug use would lead inevitably to

more widespread use among our youth and more tolerance of drug use throughout our society.

I believe that legalization would place the most costly burdens on America's minority citizens. Traditionally, minority communities -- and Black communities in particular -- seem to bear the brunt of social problems. Unfortunately, drug abuse is no exception. According to conservative estimates, the young people most at risk for alcohol and other drug abuse are Black by a ratio of nearly two to one.

Our most recent data from the National Institute on Drug Abuse tell us that 31 percent of the individuals reporting to emergency rooms across the United States with drug-related problems are Black. In 1985, 53 percent of the emergency room episodes involving heroin were among Blacks. And finally, Blacks account for 47 percent of cocaine- and heroin-related deaths and 57 percent of PCP-related deaths.

In the inner city, estimates of the number of Black and Spanish-speaking addicts are often double or triple the estimates for white addicts. Homicide is the second leading cause of death among Black males in America. Nationwide, an estimated 10 percent of all homicides are associated with the use of illegal drugs; however, in our larger cities, this figure is substantially higher.

Legalization has the potential to exacerbate an already intolerable situation. Without the constraints afforded by legal sanctions, more Black men and women and more Black youngsters are likely to turn to illicit drugs as an escape valve to the socioeconomic and other difficulties they are confronted with each and every day.

As long as there are potential users who cannot obtain drugs through legal channels, there will be pushers who are only too willing to sell to anyone who has cash to pay, including children. Those who cannot legally obtain drugs or those who do not have the cash will resort to crime, as they do now, to obtain their drugs. Unless we are willing to legalize all types of drugs -- including the deadly PCP, LSD, and crack -- there will be a black market to fill the gaps. Unless we are willing to dispense drugs to anyone in any quantity or strength, on demand, drug dealers will continue to do a brisk business, especially in our inner cities where many Black Americans reside.

I cannot believe that even the proponents of legalization would advocate selling drugs to youngsters, or to pregnant women, or to police officers, airline pilots, truck drivers, physicians, and so forth. Nor can I believe that the proponents would advocate legalizing any drug, in any amount, for anyone. We already have a tremendous problem with alcohol abuse among these individuals; the legalization of illicit drugs would only compound this existing problem many times over.

The disproportionate number of Black IV-drug users is particularly disturbing when you consider the correlation between IV-drug abuse and AIDS, with IV-drug abuse the culprit in approximately one-quarter of all AIDS cases this year. According to State health tracking systems, reported cases of the syndrome in IV-drug users in New York City now outnumber cases reported among homosexuals. Both Blacks and Hispanics are affected by AIDS in proportions greater than their representation in the general population.

When a pregnant woman contracts HIV infection -- usually by sharing contaminated needles during IV-drug abuse or through sexual contact with an IV-drug abuser -- her baby is at risk for AIDS. Seventy-eight percent of the children who now have AIDS acquired the infection from their mothers via perinatal transmission, and an estimated 30 percent to 60 percent of all infants born to infected mothers will develop AIDS. Although only 15 percent of American children under 13 are Black, 53 percent of the children with AIDS are Black.

A pregnant woman who abuses alcohol or other drugs jeopardizes the future of her unborn baby. Just two weeks ago, OSAP joined with the National Association for Perinatal Addiction Research and Education to sponsor a national training forum on alcohol, drugs, pregnancy, and parenting. During the conference, health care professionals, social workers, and many others learned of

the dire consequences of perinatal addiction. Babies who are born addicted must undergo days and sometimes even weeks of agonizing withdrawal. Many infants don't survive or are left with long-lasting or permanent disabilities. The simple truth is, we don't know enough about the long-term consequences for these babies.

The majority of these infants are Black, and their mothers are addicted to cocaine, heroin, or PCP; some are on long-term methadone maintenance, and others abuse alcohol. If we legalize drugs, how will we protect the unborn babies? How many more innocent addicts can Black America -- or any any segment of our society -- tolerate?

A society that is high on drugs is an unhealthy and unproductive society. With their brains clouded and their senses dulled by drug use, Black Americans would be unable to cope, first in school and then on the job. Obviously, there would be negative consequences from lost productivity and absenteeism both in school and at work; we already know that children who use alcohol or drugs are not able to function as well as they should in school. Black Americans who can't learn in school or produce on the job will have reduced income and reduced potential for improving their lives.

Many of the arguments in favor of legalization have been tested in Alaska, where marijuana has been legal for adults for a

decade. Alaskan adults are permitted to possess up to four ounces of marijuana for personal use. Four ounces of marijuana is equivalent to 120 joints, and that's a lot of pot. Although their statute is technically decriminalization rather than legalization, we can examine their experiences to draw some parallels with our current debate.

According to a 1982 survey conducted by the University of Alaska School of Addiction, Alaskan children's drug use is double that of youngsters in the other 49 States. When asked which drug, including alcohol, they preferred, eight out of ten 11- to 14-year-old Alaskan students chose marijuana. Because marijuana is legal for their older siblings, parents, and other relatives, they believe that it should be legal for them.

Children tend to think and reason in basic terms; something is either wrong or it is right. Hence, Alaskan children believe it is alright to use marijuana. Youngsters in other states prefer alcohol, a drug that is legal for adults, again a reflection of the effects of legalized drugs on those who are prohibited from using them.

What kind of legacy will we leave to our children and grandchildren? Do we want them to continue to build upon the great strides that have been made by Black Americans over the past few decades? If so, we cannot allow them to become a

generation of under-achievers, with their minds befuddled and their ambition stifled by drug use.

While it is impossible to make an accurate prediction about the economic consequences of legalization, we can look to the costs associated with alcohol abuse and alcoholism as a general guide. According to the Sixth Special Report to the U.S. Congress on Alcohol and Health, issued by the Secretary of Health and Human Services in January 1987, alcohol abuse costs the United States about $117 billion each year for health care costs and lost employment.

We can also look to the legal drugs -- alcohol and tobacco -- to help us predict the consequences to society in general of legalizing illicit drugs. Both of these licit drugs continue to pose serious health hazards for Americans of all ages and races.

During the 13-year-period (1920 to 1933) when Prohibition was in effect, the overall level of alcohol consumption was sharply diminished. And, there was a decrease in the incidence of alcoholism, as evidenced by a dramatic decline in the occurrence of cirrhosis of the liver. Today, 7 out of 10 adults drink alcohol socially, and more than 10 million adults are estimated to be problem drinkers.

By far, alcohol is the drug of choice for America's young people. According to the 1987 High School Senior Survey, 92 percent of

the high school seniors surveyed had tried alcohol and 40 percent reported episodes of heavy drinking. Nearly all high school students have experimented with alcohol, this despite the fact that it is an illegal drug for youths under the age of 21.

Although there has been a significant decline in the last 20 years among the general population in the use of tobacco, the incidence of cigarette smoking is still greater among Blacks than among whites. In 1983, nearly 43 percent of Black males, 20 years and older, were current smokers compared to 34.7 percent of white males in the same age group. Black females also smoke more than their white counterparts, but the disparity is not as pronounced as it is for males.

While the legal drugs for adults, alcohol and tobacco, continue to fascinate our children, we are making progress with illicit drugs. In 1987, the High School Senior Survey reflected for the first time a substantial decline in cocaine use among American high school seniors, college students, and young adults. Between 1986 and 1987, the number of high school seniors reporting cocaine use in the year prior to the survey fell by one fifth, from 12.7 percent to 10.3 percent. A similar drop occurred among college students and young adults.

Perhaps even more importantly, the survey indicated that increasing numbers of young people believe that using the drug,

even experimentally, is dangerous. Eighty-seven (87) percent of high school seniors disapproved of even trying cocaine, and 97 percent disapproved of regular cocaine use.

Although this survey does not capture alcohol and other drug use data for dropouts, I believe that it indicates real progress among a significant number of our young people. Prevention and early intervention are beginning to make inroads into the Nation's illicit drug problem.

We do not want our children to become drug users. They look to us for guidance. If we legalize illicit drugs, how will they be able to rely on the advice, or respect the admonitions, of supposedly "responsible" adults who are spaced out on drugs? When our youngsters ask about drugs, shall we tell them, "It's against the law now, but when you are older it will be okay to use drugs?"

As to the effects of legalization on the Black community, I believe they would be devastating. Legalizing illicit drugs would further erode the already precarious family structure that undermines the futures of many Black youngsters. When one member of the family abuses drugs, all family members suffer. Instances of spouse abuse and child abuse and neglect often go hand in hand with illicit drug use. Families are the backbone of America; nothing will tear a family apart faster than an addicted parent

who is urable to make a living, or care for a child, or even function as a responsible adult.

Proponents of legalization argue that it would eliminate the drug-related crime and violence that is plaguing so many of our large cities. I believe they are wrong. In addition to the crime and violence that would result from ineligible would-be users, they are ignoring the havoc that would ensue on our highways and in our neighborhoods as spaced out drivers make their way to and from work each day, or drive their children to school, or get behind the wheel of a fire truck or police car.

Drugs such as cocaine, LSD, and PCP lessen inhibitions and can cause aggressive behavior and loss of judgment and short-term memory. Drug users commit a disproportionate number of crimes. A National Institute of Justice study, published in January of this year, reported that 70 percent of males arrested in 12 of America's biggest cities tested positive for illegal drugs during a six-month period in 1986.

The answer to the Nation's drug problem will not come quickly, or cheaply, or easily. It will come only as the result of a concerted effort at every level of our society, including Black America. We in OSAP believe we are on the right track. We believe the ultimate answer will come through a coordinated, consistent, and long-term commitment to prevention and early intervention.

Fully 20 percent of America's teenagers drop out of high school and are considered to be at especially high risk for problems with alcohol and other drugs. The majority of these youngsters are Black. New and creative approaches are needed to help these teenagers and other high-risk youth avoid drug use. OSAP has a large high-risk youth demonstration grant program that has been in operation since the fall of 1987. Currently, we have 127 grants that are dispersed throughout the country; many are inner-city projects that target Black youths.

Over the next two years, we expect to learn a great deal about "what works" in prevention and early intervention for these particularly vulnerable youngsters. We will be sharing our findings with communities all across the Nation, so that they can build on our experiences.

Since its establishment, OSAP has developed and implemented an aggressive and multi-faceted program to reduce and eventually eliminate alcohol and other drug use among America's youth. Minority initiatives are interwoven throughout our programs, and we are working closely with numerous Black organizations. These include the Congress of National Black Churches, the National Urban League, the National Forum for Black Public Administrators, the National Black Alcoholism Council, and many others. We have several minority task forces to help us ensure that our programs are culturally relevant and responsive to the needs of Black communities.

Only in the last few years has the Nation begun to focus on prevention and early intervention among youth. Heightened activity in prevention, education, and early intervention was brought about by the realization that supply reduction, while an important component of the war on drugs, could not put an end to drug abuse. We are now beginning to see dividends from this increased emphasis on prevention. We are changing attitudes and behaviors among a significant number of our children, as evidenced by the High School Senior Survey.

In my position as OSAP's director, I am often in the field. I have attended many conferences and workshops on prevention. I have visited numerous ongoing programs that are working in our inner cities and public housing developments with Black youngsters of all ages. I am greatly encouraged by the commitment and aggressive efforts of parents' groups, youth groups, minority organizations, civic groups, and many others around the country. We are now beginning to work together as a team. Legalizing drugs would undermine the progress we have made so far and greatly hamper our efforts in the future.

Legalization is not an answer to the drug problem. It is a misguided theory grounded in frustration and defeatism. I believe that great strides will be made over the next few years through prevention and early intervention programs that are now

being tested by the Office for Substance Abuse Prevention and by other public and private sector agencies and organizations.

Now is the time to capitalize on the tremendous groundswell of enthusiasm and commitment that is sweeping the Nation. I don't believe that Black America is willing to concede defeat by legalizing illicit drugs. Like most Americans, Black Americans are fed up with the drug problem. Every time I go into the field, I can sense that the time is right for prevention.

If we legalize illicit drugs, we are throwing in the towel. We are saying that we cannot solve this problem; with all of our collective wisdom we cannot tackle and overcome this problem. If we legalize illicit drugs, we cancel out the futures of countless children. No matter what their race or color, they are all precious and indispensible to our future. Instead, we must move forward together to create a drug-free America.

Thank you.

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President

# THE LEGALIZATION OF DRUGS

## A POSITION PAPER APPROVED BY THE BOARD OF DIRECTORS OF THE COUNCIL OF CHURCHES OF GREATER WASHINGTON JUNE 16, 1988

THE DRUG EPIDEMIC THAT HAS ENGULFED THE URBAN CENTERS OF THIS NATION HAS SURPRISED THE LAW ENFORCEMENT, JUDICIAL, AND CORRECTIONAL SYSTEMS WITH ITS RESILIENCE. IT HAS TAKEN THE BEST THAT THE CIVILIAN PROTECTORS CAN GIVE, AND STILL OPERATES. IT HAS BEEN A LONELY AND DISCONCERTING TASK AS LAW ENFORCEMENT OFFICERS IN TOO MANY INSTANCES HAVE FOUND THEMSELVES OUT-SMARTED, OUT-GUNNED, AND UNDERFINANCED.

IN THE DISTRICT OF COLUMBIA AND ITS SUBURBS, IT TOOK THE COCAINE INDUCED DEATH OF LYN BIAS, A STAR BASKETBALL PLAYER OF MARYLAND UNIVERSITY, TO AWAKEN THIS METROPOLITAN AREA TO THE SERIOUSNESS OF THE DRUG ABUSE PROBLEM. SINCE THAT TRAGIC DEATH AND THE DEATHS AND VIOLENCE THAT HAVE FOLLOWED, ESPECIALLY AMONG YOUTH, MANY CHURCH AND COMMUNITY GROUPS HAVE SPONSORED AND CONDUCTED ACTIVITIES TO ADDRESS THE DRUG ABUSE PROBLEM. COOPERATION BETWEEN THE CHURCH, COMMUNITY, AND GOVERNMENT HAS BEGUN. THERE IS NO PRECEDENT IN OUR SOCIETY FOR DEALING WITH A DRUG ABUSE EPIDEMIC. ITS ATTRACTIVENESS AND ITS ILLUSIVENESS SLOW THE PROGRESS IN TURNING THE TIDE, ALTHOUGH HOPEFUL SIGNS ARE APPEARING.

WE ARE NOW FACED WITH ANOTHER PROBLEM WHICH IS BORN OF FRUSTRATION BECAUSE OF THE SEEMINGLY INEFFECTIVE EFFORTS TO COMBAT THE DRUG PROBLEM. IT IS THE SUGGESTION THAT THE ILLEGAL DRUGS BE MADE LEGAL. IT IS TRUE THAT THE DRUG PROBLEM HAS NOT BEEN DEFEATED. WE MUST ALSO ADMIT THAT IT HAS NOT BEEN ADDRESSED SERIOUSLY IN SUCH AREAS AS EDUCATION AND EMPLOYMENT. YET TO LEGALIZE DRUGS IS A SURRENDER THAT WE CAN ILL AFFORD TO MAKE.

SOME REASONS GIVEN IN THE ARGUMENT FOR THE LEGALIZATION OF DRUGS ARE THAT:

1. THE ARGUMENT BEGINS WITH THE PROPOSITION THAT ALL EFFORTS AGAINST DRUGS WILL FAIL.

2. GOVERNMENT COULD REGULATE THE SALE OF DRUGS, AND THE ADDICT COULD GET A "FIX" CHEAPER AND WOULD NOT HAVE TO STEAL.

3. MONEY RECEIVED FROM TAXES ON DRUG SALES COULD BE USED FOR MORE TREATMENT CENTERS.

4. THE PROFIT WILL BE TAKEN OUT OF THE DRUG SALES WHICH WOULD ELIMINATE THE INTERNATIONAL CARTELS.

5. VIOLENCE WILL BE ELIMINATED BECAUSE THE SALES AND TURF BATTLES WILL NO LONGER BE A PART OF THE DRUG CULTURE.

THE LEGALIZATION OF DRUGS IS NOT A PLAN TO ELIMINATE DRUGS FROM OUR NEIGHBORHOODS, IT IS NOT A PLAN TO REDUCE DRUG USE, OR TO MAKE WASHINGTON, D.C. A DRUG FREE CITY. IT IS A CHALLENGE TO ALL PERSONS WHO WANT TO SEE DRUG ADDICTION, DRUG DEATHS, AND DRUG DESTROYED MINDS ELIMINATED.

IF DRUGS ARE LEGALIZED, SOME OF THE OBVIOUS RESULTS WILL GREATLY CHANGE THE AMERICAN SOCIETY AS WE NOW KNOW IT.

1. WE WILL HAVE MADE A MORAL SURRENDER ON THE WAY WE TREAT ONE ANOTHER THAT HAS FAR REACHING IMPLICATIONS. THE CHRISTIAN CHURCH STILL HOLDS TO JESUS' REQUIREMENT, "THIS IS MY COMMANDMENT, THAT YOU LOVE ONE ANOTHER AS I HAVE LOVED YOU." AT THE LEAST, IN PRINCIPLE AND PUBLIC PRACTICE, THIS WOULD MEAN THAT WE CARED FOR ONE ANOTHER ENOUGH THAT WE WOULD NOT WANT TO ENCOURAGE THE USE OF KILLER DRUGS SUCH AS COCAINE, CRACK, PCP, HEROIN, AND MARIJUANA. SINCE THIS IS OUR CHRISTIAN POSITION, THEN THE LEGALIZATION OF DRUGS WOULD BE A TRAGIC AND COWARDLY CAPITULATION BY CHRISTIANS. THE AWFUL IMPLICATION WOULD BE THAT CHRISTIAN CARING WOULD BE DEVALUATED, AND THE CHURCH WOULD BE IN THE POSITION OF SUPPORTING THE SOCIAL ACCEPTANCE OF DRUGS. OTHER AREAS OF CARING COULD QUICKLY FOLLOW. ONE EXAMPLE, COULD WE ASK THE CHRISTIAN CHURCH TO CARE FOR PERSONS AFFLICTED WITH AIDS IF WE SUPPORT THE UNCARING ATTITUDE TOWARD PERSONS WHO IS ADDICTED TO DRUGS.

2. WE HAVE NO PRECEDENT FOR THE TYPE OF TRANSFER OF FUNDS THAT WOULD USE DRUG TAX FUNDS FOR ADDITIONAL TREATMENT CENTERS. WE MAY USE THE LOTTERY AS AN EXAMPLE OF THE FAILURE OF SUCH TRANSFER OF FUNDS. THERE WERE MANY PROMISES THAT MONIES FROM THE LOTTERY WOULD BE USED FOR SENIOR CITIZEN HOUSING AND OTHER SOCIAL PROGRAMS, BUT THERE HAS BEEN NO SUCH USE OF LOTTERY FUNDS. THERE IS NO BASIS FOR BELIEVING THAT MONIES RECEIVED FROM TAXES WOULD BE USED FOR MORE TREATMENT CENTERS.

3. MORE DRUGS WILL BE USED BECAUSE THE PRICE WILL BE CHEAPER, AND IT WILL HAVE THE CONFIRMATION OF THE GOVERNMENT. THIS WOULD ONLY PLACE A GREATER BURDEN ON THE DRUG ADDICT. THE GOVERNMENT WOULD BE SAYING IT IS ALRIGHT TO ABUSE DRUGS, AND THERE MAY ALSO BE A STRONG SUGGESTION OF SOCIAL ACCEPTANCE.

4. WE WILL BE SAYING THAT THE LOWER SOCIOECONOMIC CLASSES OF OUR SOCIETY ARE EXPENDABLE. AS WITH MOST SOCIAL PROBLEMS, THE DRUG PROBLEM, AND ITS TRAGIC EFFECTS, IS GREATLY INTENSIFIED AMONG THE POOR AND THE LOWER INCOME CLASSES. THE HIGHER INCIDENTS OF DRUG ABUSE, DRUG RELATED DEATHS, CRIMES TO SUPPORT DRUG HABITS, AND DRUG RELATED ARRESTS ARE IN THE POOR AND LOWER INCOME COMMUNITIES. THESE ARE THE PEOPLE WHO WILL SUFFER THE MOST FROM THE LEGALIZATION OF DRUGS, AND FOR WHOM WE WILL BE SHOWING THE LEAST CONCERN.

5. PCP WILL STILL MAKE PEOPLE CRAZY, AND COCAINE WILL STILL MAKE PEOPLE PARANOID SO FAMILY VIOLENCE, SPOUSE ABUSE, CHILD ABUSE, AND INCEST WILL ALL INCREASE. SINCE THE LEGALIZATION OF DRUGS WILL REDUCE THE COST OF DRUGS, THEY WILL BE MORE AVAILABLE. THE EFFECTS OF ILLEGAL DRUGS ARE WELL DOCUMENTED. THE TRAGEDIES WITH THE AVAILABILITY OF CHEAPER AND LEGAL DRUGS WILL CONTINUE AND INCREASE.

6. AN UNDERGROUND MARKET WILL DEVELOP. IT WILL GENERATE VIOLENCE AS IT TRIES TO WORK AROUND WHATEVER RESTRICTIONS MAY BE PLACED ON THE DRUG QUALITY, SALES, OR USE.

7. THE DRUG ADDICT WILL CONTINUE TO ROB, STEAL, AND KILL TO GET MONEY TO SUPPORT HIS OR HER HABIT. THE LEGALIZATION OF DRUGS WILL NOT REDUCE ADDICTION OR CHANGE CHARACTER.

8. THE MEDIA WILL CARRY DRUG COMMERCIALS WITH ALL THE SEDUCTIVENESS THAT IS NOW GIVEN TO BEER, WINE, LIQUOR, AND CIGARETTES.

9. WE MAY SEE COMMERCIALS OF THE PHILLIP MORRIS COWBOY RIDING INTO THE SUNSET WITH A SMOKING COCAINE PIPE HANGING LOOSELY FROM HIS MOUTH. (At least the sunset will be appropriate.)

10. WE CAN EXPECT COCAINE CABARETS, PCP PARTIES, CRACK BREAKDOWNS, AND MARIJUANA SMOKE-INS FULLY ADVERTISED IN ALL FORMS OF THE MEDIA.

11. THE DANGERS OF DRIVING WHILE INTOXICATED WILL BE JOINED BY THE DANGERS OF DRIVING IN A MIND ALTERED AND JUDGMENT IMPAIRED STATE DUE TO DRUGS.

THERE ARE TWO AREAS THAT HAVE RECEIVED VERY LITTLE ATTENTION IN THE LEGALIZATION OF DRUGS DISCUSSION: THE THREAT TO NATIONAL SECURITY AND THE ECONOMIC ISSUE. THE FOREIGN DRUG INDUSTRY IS AN ATTACK ON OUR CIVILIAN POPULATION. IT IS DESTROYING THE RESOURCE OF YOUTH THAT WOULD PROVIDE THE FUTURE LEADERS OF THIS NATION. THE POTENTIAL OF A SHORTAGE AND WEAKNESS IN LOCAL AND NATIONAL LEADERSHIP BECAUSE OF A GREATLY REDUCED RESOURCE OF YOUNG PEOPLE IS A THREAT TO OUR NATIONAL SECURITY.

THE DRUG INDUSTRY IS A MULTI-BILLION DOLLAR BUSINESS FOR THE INTERNATIONAL CARTELS. LEGALIZATION OF DRUGS WOULD SHIFT THIS MULTI-BILLION DOLLAR BUSINESS FROM THE INTERNATIONAL CARTELS TO AMERICAN CORPORATIONS. THE POWER AND INFLUENCE OF THIS POSSIBILITY MUST NOT BE LOST AS WE HEAR THE ARGUMENT FOR THE LEGALIZATION OF DRUGS.

THE CHURCH CANNOT TURN ITS BACK ON THE ELIMINATION OF THIS EVIL, OF DRUG ABUSE, THAT IS DEVASTATING THE LIVES OF OUR SONS AND DAUGHTERS, AND THREATENING THE SECURITY OF THIS NATION. THE COOPERATION BETWEEN THE CHURCH AND OTHER AGENCIES MUST CONTINUE.

AND BE STRENGTHENED. WE MUST KEEP UP OUR FIGHT FOR A DRUG FREE CITY AND NATION. IF IS NOT ENOUGH TO REDUCE OR SHIFT THE DRUG PROFITS, IT IS NOT ENOUGH TO HAVE GOVERNMENT REGULATE DRUGS, IT IS NOT ENOUGH TO REDUCE DRUG RELATED CRIMES, WE MUST INSIST THAT THE FIGHT AGAINST THE DRUG INDUSTRY BECOME AN ALL OUT WAR. WE NEED A "MARSHALL PLAN" THAT WILL USE ALL OF OUR NATIONAL AND INTERNATIONAL RESOURCES TO DEFEAT THIS SCOURGE UPON OUR PEOPLE.

THEREFORE, THE COUNCIL OF CHURCHES CALLS FOR EACH INDIVIDUAL CHURCH, CARING ORGANIZATION, AND CONCERNED CITIZEN TO JOIN WITH US IN SUPPORTING THE WELFARE OF ALL OF GOD'S HUMAN FAMILY BY JOINING WITH OUR EFFORT IN UNEQUIVOCALLY OPPOSING THE LEGALIZATION OF DRUGS.